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# The Royal Commission on Metropolitan Toronto

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## **Social Policy in Metropolitan Toronto**

**Background Report**



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THE ROYAL COMMISSION ON METROPOLITAN TORONTO

SOCIAL POLICY IN METROPOLITAN TORONTO

June 1975





## PREFACE

This study is one in a series of background reports prepared for The Royal Commission on Metropolitan Toronto, designed to provide the public with an appreciation of Metropolitan Toronto and its government, prior to and during the public hearings. A full listing of the background studies appears on the inside back cover of this document.

Any opinions or views expressed herein are those of the consultants and are not necessarily shared by the Commission.



## SOCIAL POLICY IN METROPOLITAN TORONTO

A review of the organization and delivery of social policy and programs in Metropolitan Toronto, including education, health, social services, recreation and public libraries.

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## INTRODUCTION

This report outlines the existing system within Metropolitan Toronto for the development and provision of human and social services. Emphasis is placed on the role of the public sector in this system, particularly that of the Metropolitan Government and its constituent municipalities.

The report is less concerned with assessing the substance of social policy. Rather it is designed to provide an information base for evaluating how a change in local government structures might affect social policy or individual social sector programs. Since the report is intended to be descriptive rather than evaluative, no attempt is made to outline alternatives or develop solutions to any problems identified.

The report is organized into the following five sectors within the social policy area, each of which constitutes a single chapter:

- . Education
- . Health
- . Social Welfare
- . Recreation
- . Public Libraries

The historical development of each sector, existing arrangements for policy-making and the delivery of services with respect to Metro and the role played by the senior levels of government within the sector are described. Within this framework, innovative approaches and new programs are identified.

While the report describes a large number of programs and facilities available in Metro, it is by no means all inclusive. There is a significant role played by the voluntary sector and a host of services offered at the neighbourhood level which are not dealt with in this report since their direct involvement with government is limited.

In addition, neither housing policy nor policies regarding law enforcement are included since they are dealt with in other reports prepared for The Royal Commission on Metropolitan Toronto. (1) Both of these areas however are important in understanding the total network of services which influence the quality of life of Metro residents.

For the programs described in this report, expenditure patterns have been included where available.

Finally, an effort is made to identify existing and emerging areas of concern which are particularly relevant to a review of local government within Metropolitan Toronto.

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- 1) Klein & Sears, The Provision and Conservation of Housing in Metropolitan Toronto, The Royal Commission on Metropolitan Toronto, 1975.

P. S. Ross & Partners, Public Safety Services in Metropolitan Toronto, The Royal Commission on Metropolitan Toronto, 1975.

## SUMMARY

Given that everyone lives in a neighbourhood, which in turn is within a community, within a region, within a province within Canada, the problem of who at which of these levels should deal with which social service need is, from the administrator's viewpoint, quite complex. From the average citizen's viewpoint, however, it doesn't matter who pays the bill, as long as he or she can easily locate an understandable point of entry into the system, through which his or her needs can be made known and be looked after. The citizen also needs a point of entry - not necessarily the same one - through which he can have a say in administering public policy. (1)

If it is to be meaningful, social policy must respond to the actual needs of people, and provide opportunities for people to become involved in its development. It must strive to be rational and efficient, but at the same time flexible and humane.

It becomes clear upon reading the report which follows that there is no real "social policy system" in the true sense in Metro. There is no organized, rational system with the appropriate cost-benefit tools needed to evaluate it. Whatever system exists at the moment is rather like Topsy - it just grew and grew until all the components when added together became the largest single area of government effort and expenditure at almost all levels.

In 1973, 64.5% of all of the expenditures of Metro and its constituent municipalities went to education, health, social services, recreation and public libraries. Similarly, 66% of the province's budget in 1973-1974 was spent in the social policy field.

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(1) Vernon Lang, *The Service State Emerges in Ontario*, Ontario Economic Council, January 1974, pg. 67.

The planning and provision of "human services" in Metropolitan Toronto is complicated, in some respects lacks focus and is unquestionably in need of greater co-ordination. In view of the magnitude of the social policy area, a very complex social system may be inevitable. However, the functions of different elements within the system and the relationships between them must be examined.

Metropolitan Toronto's social system is divided into a number of sectors which tend to parallel those of the senior levels of government. As these levels of government expand their interest in and support of various sectors in the social policy area, distinctions and divisions among these sectors at the local level are reinforced.

Each sector has its own policy-making structures, administrative operations and relationships with senior levels of government. There are some peripheral linkages between the sectors but no single agency or government has either the authority or responsibility to develop overall policy for the total field.

Each sector's major financial and program responsibilities either lie with different levels of government or with special purpose bodies, or are shared between them. While the allocation of responsibility may appear logical on a sectoral basis, there is little rationality to the total system of organization.

Co-ordination among the sectors has been primarily ad hoc, often at the service-delivery level where staff members in an organization in one sector have developed informal relationships with those in others in an effort to meet the pressing needs of clients in the Metropolitan area.

The organization and delivery of social services and programs within the Metro area is confusing for the citizen as well. As part of this study, an attempt was made to plot on maps several sample neighbourhoods to illustrate the multiplicity of jurisdictions in the social policy field. However, the attempt was unsuccessful because the designated service or catchment areas for each agency or government department were either too numerous to plot, had restrictions on their



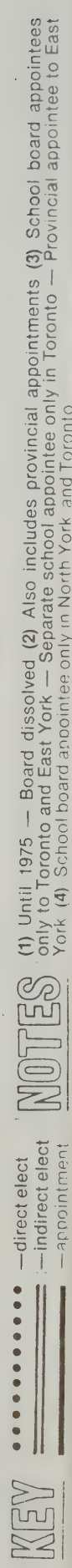
use, or were, in fact, unknown. Other factors which compound the problem of achieving people-oriented priorities which are well understood by and acceptable to both the public and the responsible political authority include: the number of agencies, both public and private in the field; service boundaries which are often inconsistent with those of individual political jurisdictions; and the compiling or even conflicting goals of well-meaning agencies.

Figure S-01 indicates, in general terms the role that the Metro resident plays in both direct and indirect election to the various local government bodies in the social policy field. It does not attempt to chart the internal organizational arrangements of each or describe deconcentrated service arrangements where they exist.

In addition to the local level of government the senior levels of government are also involved in the development of social policy and the delivery of programs and services. The federal government, the province, Metro and the area municipalities (the City and five boroughs). Each play an important role in almost every aspect of social policy in Metro.

In an increasingly urbanized society, where traditional informal and personal support networks are reduced or are non-existent, individuals requiring financial assistance, health care, or leisure activities to maintain dignity and a basic degree of personal happiness, turn to government to fulfill these needs. As a result, government programs in the social policy sector have expanded significantly over the past ten years.

# Direct and Indirect Election and Appointment to Governing Bodies in the Social Policy Field



In a study done for the Ontario Economic Council in 1974, the development of government intervention in the social policy fields was traced:

*over the three decades since World War II, the most emphasized role of the state has shifted from that of minimal regulation (in the forties) to that of investor builder (in the fifties) to that of provider of services (in the sixties). (2)*

Most of this expansion has been at the federal and provincial levels of government. Now attention is being given to the greater role local governments may play in formulating policies and programs for human services, for traditionally they have been the unit of government closest to the people and should be able to respond most appropriately to local needs.

However, adequate financial resources are not available to local government to establish priorities in the social policy field. Tri-level or four-level financial arrangements in this field will be an area of increasing concern in the near future, particularly with respect to the capability of local government to undertake new social policy initiatives.

The increasing desire of citizens or consumers to become involved in the structures for decision-making is evident in almost all areas of the social policy field, as is the need for greater inter-relationship, co-ordination and perhaps integration of the structures for policy-making and service delivery.

Existing government structures generally were not organized with all of these new priorities in mind. A thorough re-thinking of how society and communities can most appropriately organize themselves to make decisions in the interests of all and yet remain responsive to the individual will be a major challenge in Metro in the years ahead.

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(2) Lang, *op. cit.*, pg. 57.

## HISTORICAL BACKGROUND

Part of the reason for the confusion in the social policy system results from its historical development, since pressures and expectations about services within each sector came into focus at different times.

Education, for example, with origins in community and neighbourhood schools, has always been considered a local service. A more centralized decision-making structure developed over the years as school boards were amalgamated. Today, local education policy-making ostensibly rests in part with local school boards, but the province, through the Ministry of Education, controls many components of the system by its funding mechanisms and the establishment of standards and curriculum.

Until recently, health services (except for public health and government grants to hospitals) were delivered primarily through the private sector. Health practitioners provided services on a fee-for-service basis; medical insurance plans were privately operated and voluntary; and locally elected or appointed hospital boards were responsible for hospital operations. There was little co-ordination of the various components of the system. While the role of government in the health field has increased substantially, it is still maintained that there is no system for the organization and delivery of health services.

Social services also started within the private sector with the establishment of local benevolent societies to help the less fortunate in their communities. However, with the introduction of universal social security programs - family allowances, old age security and the Canada Pension Plan, - the federal government has taken a strong lead in directing the social policy system through significant re-distributions of income. This process is expected to accelerate if and when some form of federally sponsored guaranteed annual income comes into effect.



The provincial government also plays a major part in shaping the present social service system. Again, fragmentation of services and funding programs have resulted in complaints that there is not a holistic approach to deal with difficulties experienced by the system's users; the result is a rescue-oriented system rather than a developmental one.

The municipalities traditionally have been considered the government level that should look after those in temporary financial need but they have not really been involved in shaping the overall development of policies and programs for social equality. Instead they tend to respond to provincial initiatives and rather than initiating new efforts themselves.

There are still a multitude of individual, private agencies - traditional and innovative - involved in the delivery of social services. Almost all now receive some government support.

Recreation programs also developed primarily in the private sector. Here again, however, the local level of government has taken on increasing responsibilities as the costs of land acquisition and facilities became too expensive for private groups. Less support has been received from federal and provincial governments in this field than in others. In Metropolitan Toronto both the Metro government and the area municipalities provide parks and recreation services.

For the most part, libraries remain a community-based service, administered by local boards with only minor financial assistance from senior levels of government.

While the various sectors in the social policy area have evolved somewhat differently and are at varying stages in their evolution, a common pattern emerges from any examination of their historical development.

Almost all social programs originated in the private sector or at the area municipality level of government. Increased demands for such programs have been accompanied by a gradual shift of power away from the community to larger units of administration and policy making, some of which are at the metropolitan level and many of which are part of the senior levels of government.

## THE METRO SYSTEM SINCE 1954

When the Metropolitan Government was established in 1954, none of the social policy functions was transferred directly to the Metro jurisdiction. Although a two-tier system was established for education, most of the control remained with the area municipalities.

### Education

The development of Ontario's education system, including its tremendous growth since the 1940's, has been marked by a move to larger and larger units of administration, the first being the establishment of the Metropolitan Toronto School Board in 1954. The purpose of this new board was to assure necessary school construction (this was in a period of rapidly increasing enrolment) and to assist in financing school operations by sharing the resources of the total Metropolitan area. Each area municipality's school board continued to operate the local schools.

One of the major concerns then was the inequality of services throughout the area and disparities in the burden of cost. These still existed in 1965, at which time The Royal Commission on Metropolitan Toronto (Goldenberg Report) report that *"there were wide inequalities in the burden of financing education in the area" and variations in the range and standards of school services.* (3)

Although the Commission's recommendations about the establishment of District Education Councils and a strengthened Metro Board were not accepted as such by the provincial government, changes in the composition of the Metro Board were made when the Metropolitan government was reconstituted in 1967. The functions of the Metro Board were also expanded at that time.

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(3) Report of the Royal Commission on Metropolitan Toronto 1965, pg. 155.

At present perhaps the most important function of the Metro board is to review the operating budgets of local boards and determine the Metro-wide levy for education. The Board is also responsible for all capital funding. In 1969 it assumed responsibility for the education of retarded children in Metro, formerly a function of the Ontario Association for the Mentally Retarded.

In 1969, the Province introduced a new educational grants system and in 1971 imposed expenditure ceilings on local school boards since education costs were rising much faster than either the general municipal mill rate or enrollment in the school system.

The complexity of the grant formulae, as well as the difficulties faced by school boards in maintaining local autonomy in the face of growing reliance on provincial grants and externally imposed financial limits is a current concern.

The educational system has a few formal links with other sectors in the social policy field through cross-appointments from boards of education to library boards and boards of health and through liaison committees with municipalities for the community use of schools. In addition, there are many informal relationships with those providing health and social services to children and families through the school system.

The Report of the Ministerial Commission on the Organization and Financing of the Public and Secondary School Systems in Metropolitan Toronto in 1974 (the Lowes Report) recommended a fairly radical change in the existing system of electing school boards. (The existing system is outlined in Chapter 1.) These recommendations are still under review by the provincial Ministry of Education which commissioned the study.

The major areas of concern in education centre on questions of finance, policy, alternative educational systems and the need for increased relationships between education and the other social policy sectors to maximize the use of educational facilities and opportunities.

### Health

The major responsibilities for financing and policy development for the health care system are shared by the federal and provincial governments. The primary concern of the federal government is the development of universal programs such as medical care and hospital insurance. The Province is involved directly in the funding and provision of health services.

At the present time, it is estimated that 31% of the budget of the Ontario Ministry of Health is allocated to Metro Toronto which has approximately 39% of the Province's population.

The provision of health services at the local level is divided into public health services, institutional services, services provided by private health practitioners and those provided by voluntary and consumer organizations. The major emphasis in this report is on the organization and delivery of public health services since this has traditionally been the major municipal responsibility in the health sector.

The development and administration of public health programs falls under the Public Health Act. Certain services are compulsory, particularly in the health inspection field. However, for the most part, the personal care services offered by public health departments vary, depending upon the willingness of local boards of health and councils to support them e.g. dental programs in schools, home visiting for the elderly, nutrition services, etc.

As well as having some flexibility as to the kinds of public health program offered, local boards are free to experiment with innovative approaches to delivering their services.



Public health is administered by special purpose appointed Boards of Health which report to and are appointed by the local council. In East York, there is a provincial representative on the Board of Health. Membership varies, but all Boards within Metro have some elected representatives and some citizens appointed by Council. The Boards' budgets must be approved by their respective councils.

Within Metro, public health boards operate only at the area municipality level. While efforts have been made to establish a Metro-wide board of health, these have not been successful.

The Goldenberg Commission recommended the establishment of a Metropolitan Board of Health Officers and that some inspection services be performed on a Metro-wide basis. Rather than establishing a new Metropolitan department, the Commission suggested that the City provide service to the other municipalities on a fee-for-service basis.

The Commission foresaw the Metro-wide Board being responsible for co-ordinating public health policies at the local level and advising on health and sanitary inspection matters.

At that time (1963), the Commission noted the disparity in per capita expenditures for public health services among the area municipalities which ranged from 41 cents per capita in Long Branch to \$5.74 in the City of Toronto. Ten years later, in 1973, the disparity was still significant, ranging from a low of \$4.40 per capita in Scarborough to a high of \$9.46 per capita in Toronto.

Municipalities are also involved in the capital funding of hospital facilities. The Metro government made grants to aid hospital construction totalling about \$8,000,000 during its first nine years of operation. From March 1958 to November 1963, no grants were made but the grants were resumed thereafter. In 1973, Metro grants to hospitals amounted to \$832,000.

Goldenberg endorsed making these grants as an appropriate municipal responsibility and supported the need for a Metropolitan Toronto hospital co-ordinating council to maintain an up-to-date analysis of needs and facilities in health services.

At present, there are three hospital councils in Metropolitan Toronto and their attempts to rationalize the delivery of hospital services and co-ordinate programs for hospital construction and expansion have not been completely successful. To date, there still is a significant amount of data required before there can be a full understanding of the role and performance of the hospital in relationship to the total health care field.

While the Metropolitan Corporation may legally take responsibility for the operation of chronic and convalescent hospitals, it divested itself of the only one transferred to it - Riverdale Isolation Hospital - when legislation was enacted in 1964 to vest the management, maintenance and operation of the hospital in a board of governors. This is not a local board of the Metropolitan Corporation, but it leases the hospital's real property from Metro.

The Ontario Council of Health within the Ministry of Health has made a number of studies which have included consideration of local health services. The report of the Health Planning Task Force (The Mustard Report) in 1974, recommended that personal health care services carried out by local Boards of Health be transferred to a new primary health care system which would not be under the jurisdiction of local government. The report also recommended the establishment of District Health Councils which would be responsible for the development of plans and co-ordination of all health services within a local area. This recommendation has been put into effect in certain areas of the province, but not as yet in Metropolitan Toronto.

### Social Welfare

Within the social welfare system, the federal government provides the largest portion of the funding by way of transfer payments to the provinces, under the Canada Assistance Plan, and to individuals through the Canada Pension Plan, Old Age Security Payments, Family and Youth Allowances and Unemployment Insurance.

The province's role also involves transfer payments to municipalities and to individuals through the Guaranteed Annual Income System Programs, Workmen's Compensation and the Family Benefits Program which assists persons requiring continuing financial support. The Ontario Ministry of Community and Social Services is responsible for the majority of provincial social service programs. In its relationships with the social service administrations of local governments, the Ministry is both a regulator and a direct service agent. It also provides grants to agencies and organizations in the voluntary sector.

The present social welfare system at the Metro level has evolved over the last twenty years. Albert Rose, in his study, "Governing Metropolitan Toronto: A Social and Political Analysis, 1953-1971", clearly documents the development of social services organization in the Metro area during this period.

With the introduction of Metro government, social services or "welfare" as it was then commonly known, remained with the area municipalities. Most area municipalities had few demands then for such services, primarily due to the socio-economic composition of their residential populations.

For the City of Toronto however, it was a different story; its welfare budget grew rapidly during the recession years 1958-63. During this period the province made certain unconditional grants available to municipalities to assist with social welfare programs.

In Metro, this grant (based on population) went to the Metro Council which in turn allocated it on the basis of population among the area municipalities. Naturally, this proved inequitable to the City of Toronto which bore the greatest load for welfare services. For example, per capita costs for public welfare in 1963 ranged from 91 cents in Leaside to \$19.34 in the City of Toronto. (4)

It was, in part, the problems that arose out of the handling of these funds, along with the growing concern that there should be a more equitable sharing of the cost burden for welfare, that led to the amalgamation of social services under the Metro government in 1967.

Mr. Goldenberg stopped short of recommending total amalgamation of welfare services. However, he recognized the problems and recommended consolidation of the then 13 municipalities in Metro to four, each of which could then provide both health and social services on a more equitable basis. His rationale is interesting:

*"While it is generally agreed that the personal services directly affecting the individual citizen require a local unit of administration, it is also agreed that such unit must be adequate for the purpose. Small autonomous units with limited resources, like some of the area municipalities, cannot provide the range of services which should be available under modern health and welfare programmes, and the services which they do make available are not satisfactory. A consolidation of some of the municipalities, by enlarging the areas of service and spreading the costs, would lead to more equality in standards and in the range of welfare services provided in the Metro area". (5)*

The full organization in Metro social services officially came into being on January 1, 1967, along with the restructuring of the Metro government.

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(4) H. Carl Goldenberg, op. cit. pg. 93

(5) Ibid. pg. 57



From 1964-75, permanent social welfare staff in Metro increased from 479 to 2,793. The combined expenditures of the area municipalities for public welfare rose from \$20.9 million, or \$12.69 per capita in 1963 to \$80.73 million or \$38.46 per capita in 1973.(6)

Costs in this area continue to escalate rapidly. The Department's 1975 estimates of gross expenditures (excluding housing) are \$115 million.(7) Of course many new programs have been introduced, particularly with respect to services to the elderly and day care programs for children of working parents. Another major program recently announced, provided special cash supplements to fully employed people still suffering financial hardship, and in some cases earning less than they might receive if they were on General Welfare Assistance.

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(6) Jarrett, Goold & Elliott, op. cit.

(7) The Municipality of Metropolitan Toronto, Department of Social Services, 1975 Estimates.

The Social Services Department is headed by a Commissioner of Social Services who reports to the Social Services and Housing Committee of Metropolitan Council. The Committee is composed of seven Council members and the Chairman. In 1973, the Department's expenditures represented 26.5 per cent of Metro's gross expenditures and comprised its largest single expenditure. Fifty-two per cent of the costs were recoverable from senior levels of government through transfer payments. (8)

The report of the Task Force on Community and Social Services in 1974 (the Hanson Report), reviewed the allocation of responsibilities in the social welfare field between the province and municipal governments.(9) It recommended that the province consider greater delegation of responsibility for all social service programs to responsible regional or metropolitan governments. This aspect of the report's recommendations is still under consideration by the provincial government.

The role of the area municipalities in providing social services has been minimal since the transfer of social service responsibilities to the Metro level. The City of Toronto, however, is presently developing the background information and expertise required to establish a neighbourhood services policy which is directed towards the integrated and rational delivery of all human services at a neighbourhood level.

The voluntary sector has traditionally played a major role in the provision of social services as have private social planning councils, such as the three now existing in the Metro area.

Of note is the increasing involvement of the general public and recipients of services in the total social welfare system, with respect to both policy development and service delivery. While the trend toward better co-ordination of services may require the transfer of authority and the loss of power for some agencies or levels of government, or, accountability to more than one body, it is being given serious attention by many of those involved in the system.

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(8) The Municipality of Metropolitan Toronto, Annual Report, 1973, pg. 14

(9) Task Force on Community and Social Services, *Report on Selected Issues and Relationships*, January 1974.

There are two Children's Aid Societies in Metro and changing social trends have affected their role, organization and services. Current concerns relate to the continued autonomy of Children's Aid Societies and the possibilities of either amalgamating the two organizations, centralizing children's protection services at the Metro level or transferring these responsibilities to the Province.

### Recreation

Recreation is highlighted by the wide range of public and private sector involvement. While the federal government is involved in the provision of parks, assistance to provincial fitness and sport programs, etc., the primary responsibility is at the provincial level. The province provides direct assistance to local programs through the Ministry of Culture and Recreation and enacts legislation providing community reaction centres. An attempt to co-ordinate planning for tourism and outdoor recreation has resulted in the creation of an interdepartmental committee which has undertaken a major Tourism and Outdoor Recreation Planning Study (TORPS). Data compiled for this study from the Metro area survey were extrapolated and indicate that the participation of Metro residents in outdoor recreation activities is basically similar to that of residents in other parts of Ontario.

The role and function of the Metropolitan Toronto and Region Conservation Authority, as well as its relationship to Metro government and a wide variety of other committees, provincial and local, indicates it plays an important role in the provision of parks for Metro residents.

Both the Metro government and the area municipalities have responsibilities for parks and recreation. All have parks and recreation departments.

The Metropolitan Parks Department was established in 1955 and the Toronto Islands were conveyed to Metro the next year. The Department now operates 42 regional parks covering 5,322 acres. It also operates 4,825 acres of open space for the Metropolitan Toronto and Region Conservation Authority.

The Metro Parks Department primarily has emphasized the development of parkland for passive use. It has the responsibility for all regional parks including the major ravines, the waterfront (excluding the central waterfront), the Toronto Islands and the Metropolitan Zoo. It also operates public golf courses available on a pay as you play basis.

The Metro Parks Department reports to a Parks and Recreation Committee of Council. This Committee also reports to Council on the operations of recreational agencies such as the Canadian National Exhibition Association, the Metropolitan Toronto Zoological Society, the Metropolitan Toronto and Region Conservation Authority and the Civic Garden Centre.

All area municipalities have parks and recreation departments which report to their councils through a parks and recreation committee (composed of council members). In Etobicoke, the department reports to a General Committee of Council. In some municipalities citizens are deeply involved in many aspects of recreation planning and programing.

Insofar as facilities are concerned, the area municipalities have concentrated on those for active recreational use. They are responsible for neighbourhood parks and playgrounds, community centres and swimming pools. In addition, they assume the full responsibility for the development of local recreational programs.



The area municipalities own a total of 6,140 acres of parks and parkland varying from less than one acre each to the largest, High Park, in the City of Toronto, with 398 acres.

The following table indicates the amount of parkland provided by each of the area municipalities and indicates the acreage of parkland per thousand population.

	<u>Acres of Parkland</u>	<u>Acres Municipal Parkland Per Thousand and Population</u>	<u>Total Parkland Per Thousand People Includes Metro Parks</u>
East York	115.7	1.10	5.60
Etobicoke	1416.6	4.95	7.02
North York	1591.8	3.02	5.66
Scarborough	1175.8	3.02	8.01
Toronto	1515.5	2.24	3.55
York	324.7	3.28	4.04

Per capita expenditures for parks and recreation in 1973 ranged from \$15.35 in East York to \$25.95 in Etobicoke. The total of the area municipalities' budgets for parks and recreation in 1973 was \$40.6 million; Metro's budget of \$8.2 million, (or \$3.94 per capita) can be added to this figure to obtain total local expenditures on parks in Metro.

Several municipalities are now working to develop new forms of interaction between the public and their parks and recreation department. In addition, many local departments are involved in promoting the community use of schools and improving relationships with local boards of education.

### Public Libraries

Public libraries remained a locally provided service even after Metropolitan government was introduced, although the boroughs varied widely in their local support of libraries and in library utilization.

A 1958 amendment to *The Municipality of Metropolitan Toronto Act* empowered Metro Council to make grants for capital and current expenditures to any area board that provided library services to any other municipality.

The Goldenberg Report supported the formation of a Metro Public Library Board, a concept first recommended in 1960 in a report prepared by Dr. Ralph Shaw for Metro Council and recommended by a Special Committee on Library Services appointed by the Metropolitan Council to review and report on the Shaw Report in 1962.

The Metropolitan Toronto Library Board came into operation in 1967. It is a regional library board with the responsibility for co-ordinating library services within the Metropolitan area and providing central library and reference services for the total area.

Members of the Metro Library Board include representatives appointed by the Councils of each area municipality, the Metro chairman, and representatives from each of the two Metro-wide school boards.

Local boards continue to operate most libraries. Their mandate is general in that "*Every board shall endeavour to provide in co-operation with other boards a comprehensive efficient library service. They must operate a main library and may operate a variety of other programs they consider necessary*". (10) Local library boards, have representatives appointed by both the local council and the boards of education, and are composed primarily of citizens and usually the mayor or his delegate. Their budgets are subject to the approval of the local council.

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(10) Public Libraries Act, Part 1

A review of library financing indicates that the major portion of funding for library services comes from the local tax levy which accounts for 82 per cent of operating expenditures and 100 per cent of capital requirements.

There are still problems with respect to planning and co-operation between the Metro and local library service, as the emphasis at the Metro level to date has been primarily operational and oriented to establishing central facilities for area-wide use. The increased participation of citizens in library affairs, and the need to ensure that services are provided equitably to all parts of the community are the major areas of concern.

## EMERGING ISSUES

During the sixties, all sectors of the social policy field faced increased demands for services and escalating costs. Metro has been criticized for failing to meet the social or human requirements in the development of a metropolitan society. (3)

The Metro government itself has recognized this concern for some time.

*The changing nature of the metropolitan problem is perhaps best reflected in the shifting focus of metropolitan concerns. Where the emphasis in the first ten years has of necessity been largely in the basic and essential physical services, that of the next ten years will be increasingly on social and community welfare. (4)*

These areas received more emphasis as shown by the increased percentage of government expenditures in the social policy field so that they now account for 65 per cent of Metro's total expenditures. But while the obvious and most urgent needs are being met, other concerns have emerged.

*The tasks which now face Metropolitan Toronto are mainly political, social and economic.... The quality of urban life and stability of the neighbourhood are the topics to which today's citizens are turning their attention and concern. (5)*

Obviously improvements in quality of life require new approaches in the social policy sector and in the growing involvement of citizens and users of services in the decision-making process. This involvement has been highly-evident in the physical planning process over the past five years, and is now also beginning to emerge more strongly in the social sector.

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(3) Rose, *op. cit.*, pg. 99.

(4) Metropolitan Toronto, 1973- 1963: 10 Years of Progress, Toronto, 1963, pg. 2.

(5) Municipality of Metropolitan Toronto, Annual Report, 1973, pg. 7.



As indicated later in the report, local planning departments, ordinarily concerned with physical planning, are now moving into the more comprehensive aspects of planning and delivery of *human services*, in recognition of the importance of social planning.

The City of Toronto, in its February, 1975 Study Proposal for the Development of a Neighbourhood Services Policy, recognized some of these problems. The Proposal states in part:

*At present, however, residents of Toronto are not able to enjoy the full advantages of using services which are offered on a neighbourhood basis. There is no systematic process whereby local residents can review their own needs, and express their preference for the availability of certain services. (11)*

This proposal will be described in more detail in Chapter 3.

In addition to participation in policy planning, there is increased citizen demand for maximum community use of public facilities. While accepting such a policy as a desirable goal, the many different authorities who own or control the buildings or grounds are often fragmented in their approach to wider community use. Achieving the goal often flounders upon such concerns as who will be in charge of the building, who pays for staff overtime, damages, maintenance and insurance, how priorities for use of the facility are determined, etc.

While progress has been made in maximizing public use of public facilities, particularly in Etobicoke, much still needs to be done.

Initiatives in social policy were not given priority during Metro's first two decades. The sheer necessity of providing such essential physical services as water and sewers, roads and new or enlarged schools and hospitals put innovation in the "softer" services on a low priority scale in the fight for the scarce municipal tax dollar.

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(11) City of Toronto, *A Strategy for Developing a Neighborhood Service Policy*, February 3, 1975, pg. 3.

Most of the improvements in the social policy area have come about as the result of federal and provincial initiatives. With the development of these initiatives, the senior levels of government significantly increased their conditional grants to municipalities and, as a result, considerably expanded their role in setting social policy. However, some bodies, such as the local boards of health, have chosen to continue setting their own priorities despite the incentives in the form of grants to change their programs and even their organization.

One of the political realities is that social services must compete for the tax dollar with such services as road building or the provision of transit which are highly visible and serve a large portion of the population.

There are three basic problems in gaining widespread community support for the provision of many social services. Firstly, individual human needs programs are usually directed to a specific client group and are relatively invisible to the remainder of the population. While an enormous amount of money is spent on social services for all citizens, not just those who are in need, many of us fail to recognize this fact.

Secondly, groups such as senior citizens, newly arrived immigrants or disadvantaged children are among the least vocal elements of the community. As a result, their needs are not always given the priority they deserve.

Finally, it is much easier to get support for programs responding to a crisis than for programs designed to prevent the crisis from occurring. Preventive social welfare programs may be very economical in the long run, but it is difficult to document their effectiveness. For example, if the agencies in a community were successful in substantially eliminating a problem such as alcoholism, in all probability there would be pressure to have resources shifted from the responsible agencies to others dealing with different crises since the problem would no longer be evident in the community.

In the social policy field, there is a plethora of grants by which municipalities can recover from 20% to 100% of the costs of operating different programs from senior levels of government. There is a concern that municipalities may decide to support programs for which there are larger grants rather than make an objective assessment of the relative need for them in their municipality when compared with others which would require a greater municipal expenditure.

Inevitably, as with all governments, there is a constant shortage of finances and human resources. In Metro Toronto, the time for catching up in social policy priorities coincides with provincial budget ceilings for school boards, a provincial capital freeze on hospital construction, a severe housing shortage, both public and private, and a general realization that there are upper limits to the property tax as a method of financing existing municipal programs, notwithstanding the addition of possible new ones.

In summary, there is no rational, co-ordinated system for the provision of human services in Metropolitan Toronto. While more and more demands for such services are being made on local governments, they have even less flexibility than they have had in the past to develop policy and initiate new programs. There has been a shift of power and initiative from the area municipalities to the metropolitan level and in turn a shift from the Metro level to the senior levels of government.

What we have is a system in which those who must spend the money and provide the services cannot rationalize these services. They have insufficient funds of their own to ignore the incentives provided and initiatives taken by the senior levels of government. As a result the system is oriented to serve those with problems, but little is done to develop policies and programs to avoid these problems.

Finally, and perhaps the most significant of all is that programs in the social policy area in total account for the largest share of government expenditure in Ontario. These costs are increasing at a rate that is causing concern both within governments and among the public at large and there are no indications that these trends will level off.

Clearly, in the social policy area, one must question whether or not we are getting an adequate return for our investment.

\* \* \* \*

### Expenditures

The charts which follow have been included to indicate the magnitude of expenditures in the social policy field and the sources of funds expended. Costs alone obviously do not provide a guide to the quality of services offered or their relevance.

As gross indicators, however, expenditure data provide a point of reference and highlight some comparisons among various sectors in the social policy field in Metro and the area municipalities.

Tables S-01 to S-06 show the 1973 revenues and expenditures for Metro and the area municipalities in the social policy sectors, with comparisons made on a per capita basis and as percentages of total budgets. In Table S-05, education expenses are excluded in the calculations, but in Table S-06, these costs are included to show the impact education has on local government expenditures.



All levels of government are active in providing funds for a variety of human service programs. Figures S-02 to S-04 highlight just what proportions of provincial, Metro, and local government expenditures are allocated to the social policy sector.

For Ontario in 1973-74, 66.2 per cent of all provincial government expenditures were in the social sector. When the expenditures of all local governments in Ontario are combined for 1974, 61 cents of every dollar spent went into the social sector. Comparable figures for the Metropolitan level of government in Toronto were 66.21 cents. When the 1973 expenditures of all the Metro area municipalities are combined, excluding education costs, they still spent 26.1 per cent of their budgets in the social sector, including recreation, health and related activities. When education is included, and 1973 expenditures of Metro and the municipalities within the area are totalled, 64.5 per cent went to the social sector.

Per capita costs are outlined in Table S-06. These indicate that both levels of local government in Metro combined spent \$344.24 per capita on social sector services and programs in 1973. Of this, \$262.96 was for education, \$39.22 for social services, \$23.32 for parks and recreation, \$9.75 for health services, primarily public health, and \$8.99 for public libraries.

#### REGIONAL COMPARISONS

Major responsibilities for social policy have generally been allocated to the upper tier in the regional governments established in Ontario in the past decade in contrast to the Metro experience where most of these responsibilities have evolved to the upper tier over the years. Table S-07 compares the division of responsibilities for the social policy sectors between Metro and its area municipalities with that of other regional governments in Ontario.

In all other regional municipalities, the upper tier of local government is directly involved in the provision of public health services. Metro Toronto is the only example of a two-tier system for education and libraries.

TABLE S-01  
REVENUES OF THE MUNICIPALITY OF METROPOLITAN  
TORONTO FOR SOCIAL SECTOR PROGRAMS IN 1973  
(In Thousand of Dollars)

<i>Revenues</i>	<i>% of total revenues</i>	<i>Amount</i>
Contributions from other governments		
Conservation of health	.50%	\$ 2,965
General Welfare Assistance	4.87	29,394
Assistance to children	.75	4,457
Homes for the aged	<u>1.68</u>	<u>10,197</u>
Total Social Sector	<u>7.80%</u>	<u>\$47,013</u>
TOTAL REVENUES		\$604,769

Source: Jarrett, Goold & Elliott, *op. cit.*,

OPERATING EXPENDITURES FOR SOCIAL POLICY PROGRAMS  
BY METROPOLITAN TORONTO, 1973  
(In Thousands of Dollars)

<i>Operating Expenditures</i>	<i>% of Total</i>	<i>Amount</i>
Health		
Grants to hospitals	.57	\$ 3,478
Other health	<u>.14</u>	<u>832</u>
Total Health	.71	4,310
Social Services		
General Welfare Assistance	6.64	40,262
Assistance to children	1.05	6,402
Assistance to aged	3.82	23,084
Day Nurseries	.98	5,935
Unclassified	<u>.83</u>	<u>5,050</u>
Total Social Services	13.32	80,733
Parks & Recreation	1.37	8,281
Libraries	.58	3,519
Education (net of Provincial Grants)		
Elementary (public)	28.44	172,470
Secondary	21.75	131,867
Universities & Colleges	<u>.04</u>	<u>264</u>
Total Social Policy	50.23	\$304,601
	<u>66.21%</u>	<u>401,444</u>
TOTAL	100.00	\$606,344

Source: Jarrett, Gould & Elliott, *op. cit.*

TABLE S-03

CAPITAL EXPENDITURES FOR SOCIAL POLICY PROGRAMS  
BY METROPOLITAN TORONTO, 1972  
(In Thousands of Dollars)

<u>Gross</u>	1972 Gross Expenses	Contributions from other governments	1972 Net Expenses
General Assistance			
Offices	\$ 17	\$ 17	\$ -
Aged Persons	5,063	1,723	3,340
Day Nurseries	517	516	1
Parks and Recreation	<u>6,226</u>	<u>1,206</u>	<u>5,020</u>
Total Social Sector	<u>\$ 11,823</u>	<u>3,462</u>	<u>8,361</u>
TOTAL CAPITAL EXPENSE	\$100,976	\$ 58,678	\$42,298

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Source: Jarrett, Gould, & Elliott, *op.cit.*



TABLE S-04

GROSS EXPENDITURES PER CAPITA FOR SOCIAL POLICY  
PROGRAMS BY AREA MUNICIPALITIES, 1973  
(In Thousands of Dollars)

	<u>Population</u>	<u>%</u>	<u>Public Health</u>	<u>Per Capita</u>	<u>Parks &amp; Recreation</u>	<u>Per Capita</u>	<u>Libraries</u>	<u>Per Capita</u>
East York	105,340	5.0	\$ 520	\$4.94	\$ 1,618	\$15.35	\$ 601	\$5.71
Etobicoke	286,106	13.6	1,433	5.01	7,423	25.95	2,348	8.21
North York	527,564	25.1	2,813	5.33	8,504	16.12	4,775	9.05
Scarborough	362,005	17.3	1,593	4.40	5,775	15.95	2,467	6.81
Toronto	676,363	32.2	6,399	9.46	14,495	21.43	4,477	6.62
York	142,297	6.8	1,021	7.18	2,876	20.25	696	4.90
Total	2,099,675	100.0	\$13,779	\$6.56	\$40,691	\$19.38	\$15,364	\$7.32

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	<u>Population</u>	<u>Public Health Other Health</u>	<u>Per Capita</u>	<u>Parks &amp; Recreation</u>	<u>Per Capita</u>	<u>Libraries</u>	<u>Per Capita</u>
Metro	2,099,675	\$4,310	\$2.05	\$ 8,281	\$3.94	\$3,519	\$1.67
		<u>Social Service</u>	<u>Per Capita</u>	<u>Education (local levy)</u>	<u>Per Capita</u>		
		\$80,733	\$38.46	\$304,601	\$145.07		

Source: Jarrett, Goold, & Elliott, *op. cit.*

TABLE S-05

EXPENDITURES ON SOCIAL POLICY PROGRAMS \*  
AS A PERCENTAGE OF TOTAL EXPENDITURES  
IN AREA MUNICIPALITIES, 1973  
(In Thousands of Dollars)

	Total Expenditures**	Public Health***	% of Total	Recreation & Parks	% of Total	Libraries	% of Total
East York	\$ 9,444	\$ 520	5.50	\$ 1,618	17.35	\$ 601	6.45
Etobicoke	36,900	1,433	3.88	7,423	20.11	2,348	6.36
North York	54,074	2,813	5.20	8,504	15.72	4,775	8.83
Scarborough	40,720	1,593	3.91	5,775	14.33	2,467	6.12
Toronto	109,675	6,399	5.83	14,495	13.22	4,477	4.08
York	<u>16,086</u>	<u>1,021</u>	<u>6.35</u>	<u>2,876</u>	<u>17.88</u>	<u>696</u>	<u>4.32</u>
Total all area municipalities	\$266,899	\$13,779	5.11	\$40,691	15.24	\$15,364	5.75

\* Expenditures for the social service sector by area municipality are not included in this table because of inconsistent municipal reporting.

\*\* Excluding Metro share of expenditures and education levies.

\*\*\* Excluding grants to hospitals

Source: Adapted from Jarrett, Goold, & Elliott, op. cit.

TOTAL EXPENDITURES ON SOCIAL POLICY PROGRAMS IN METRO, 1973  
IN RELATIONSHIP TO TOTAL MUNICIPAL EXPENDITURES  
(In Thousands of Dollars)

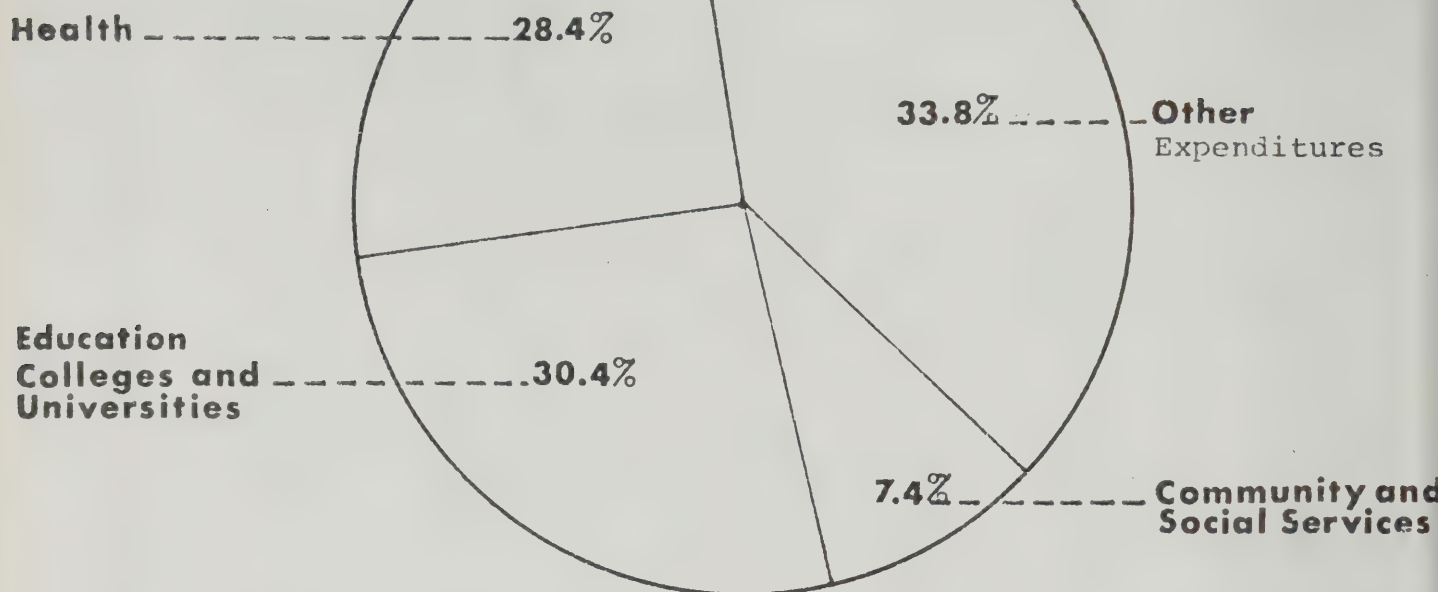
	Public Health	Other Health	Social Services	Parks & Recreation	Libraries
Area Municipalities					
Total Municipal Expenditures	\$13,778	\$2,386	\$ 1,631	\$40,691	\$15,364
\$266,899					
Metropolitan Toronto					
Total Metro Expenditures	- \$4,310	-	\$80,733	\$ 8,281	\$ 3,519
\$301,742					
Education		Gross			Net
Metropolitan Toronto School Board		(including provincial grants)			(local levy)
Separate School Board	\$483,669				\$315,202
	68,465				16,529
Total	\$552,134				\$331,731
		Amount	Per Capita	% of Total Local Government Expenditures	
Combined Area & Metro Government Expenditures					
Education	\$ 552,134	\$ 262.96			49.26
Health	20,474	9.75			1.82
Libraries	18,883	8.99			1.68
Recreation	48,972	23.32			4.36
Social Services	82,364	39.22			7.34
Total Social Sector	722,827	344.24			64.46
Total All Expenditures	\$1,120,775	\$533.78			100.00

Source: Adapted from Jarrett, Goold, & Elliott, *op. cit.*

FIGURE S-02

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Ontario Government Social  
Sector Expenditures 1973-  
(expressed as per cent  
of total provincial  
expenditures)



Ontario Local Government So  
Sector Expenditures, 1974  
(expressed as per cent  
total local governm  
expenditures)

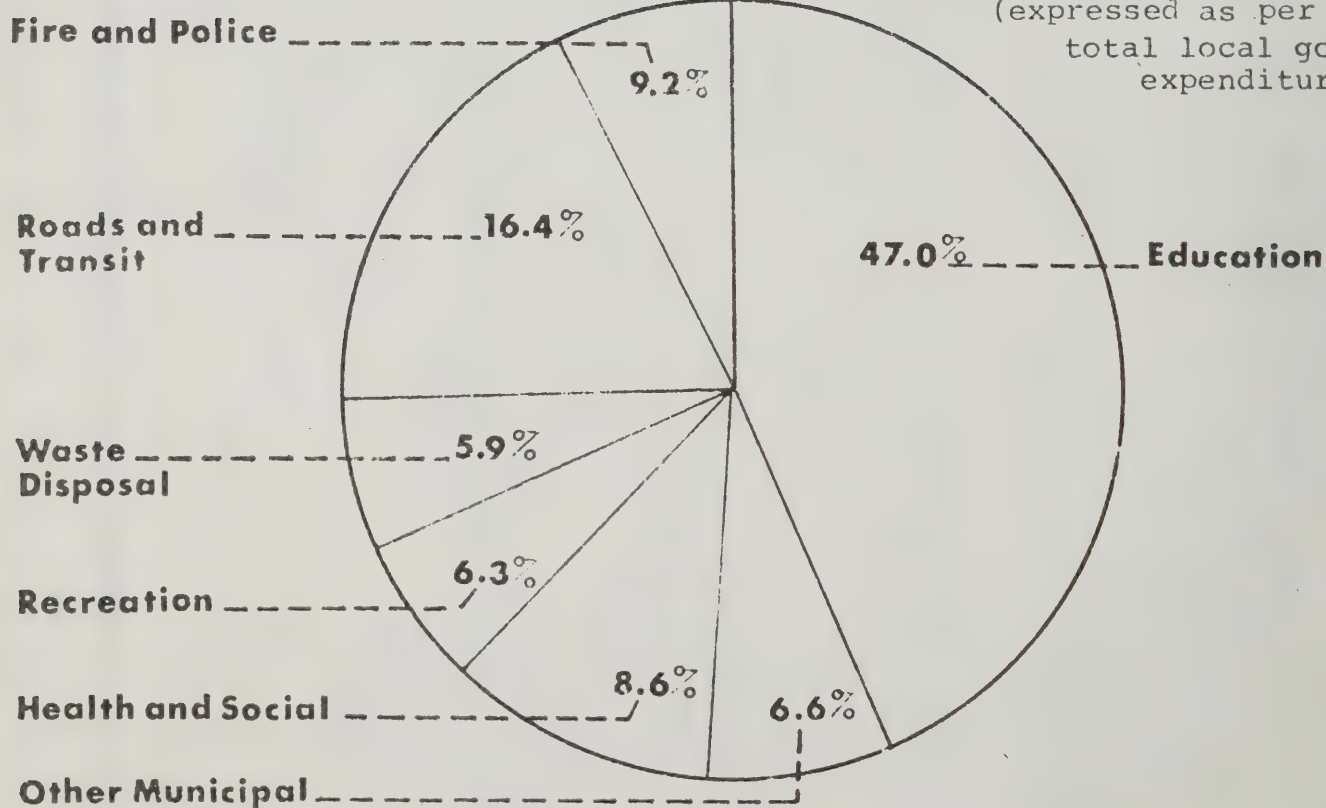


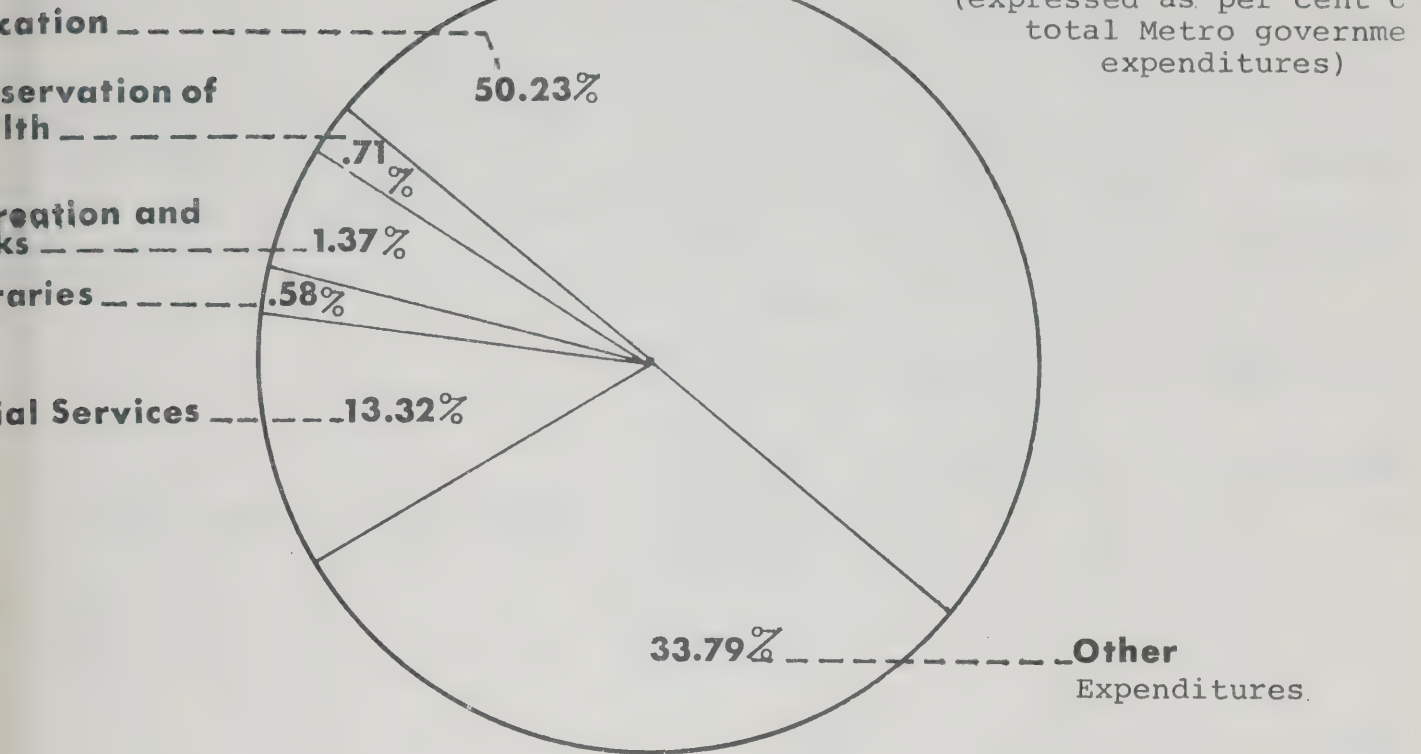


FIGURE S-03

-35-

Metropolitan Toronto Social Sector  
Expenditures 1973

(expressed as per cent of  
total Metro government  
expenditures)



Area Municipalities in Metro Toronto  
Social Sector Expenditures,  
excluding Education, 1973

(expressed as per cent of  
total area municipal  
ities' expenditures)

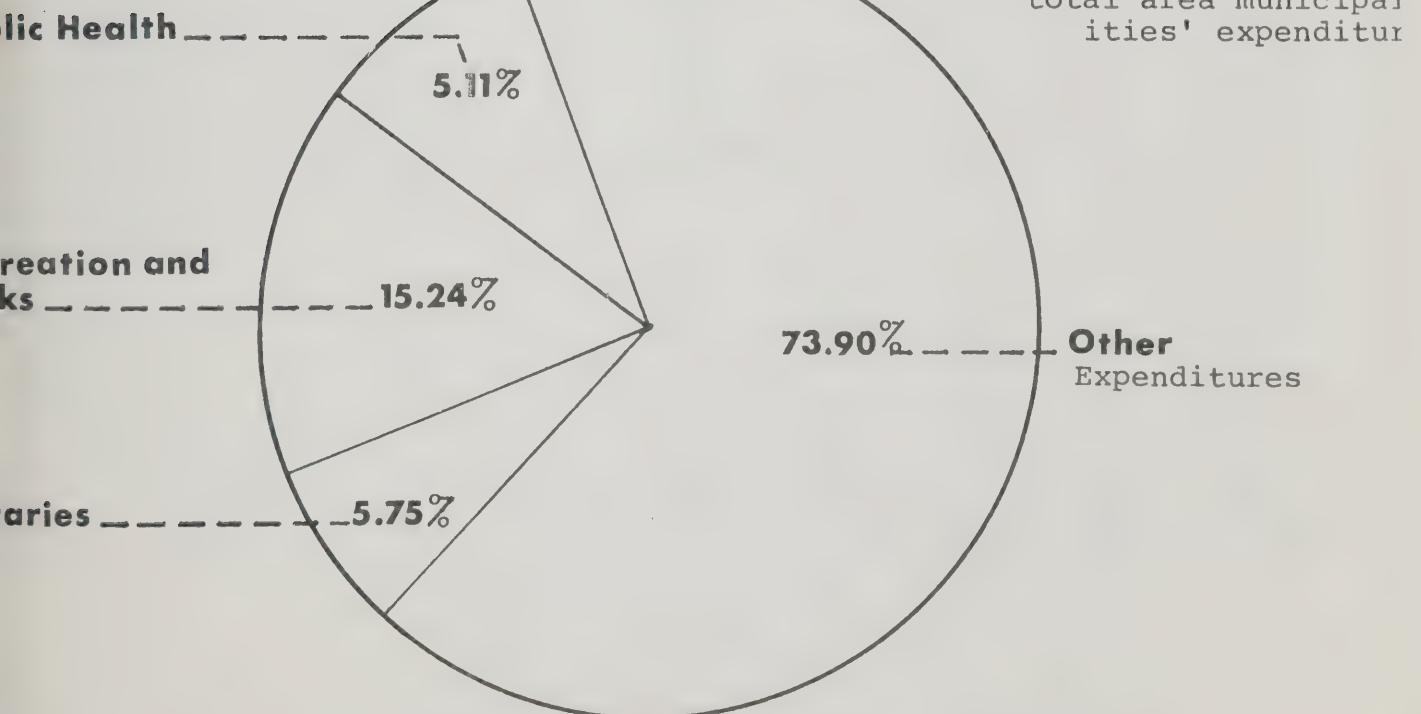
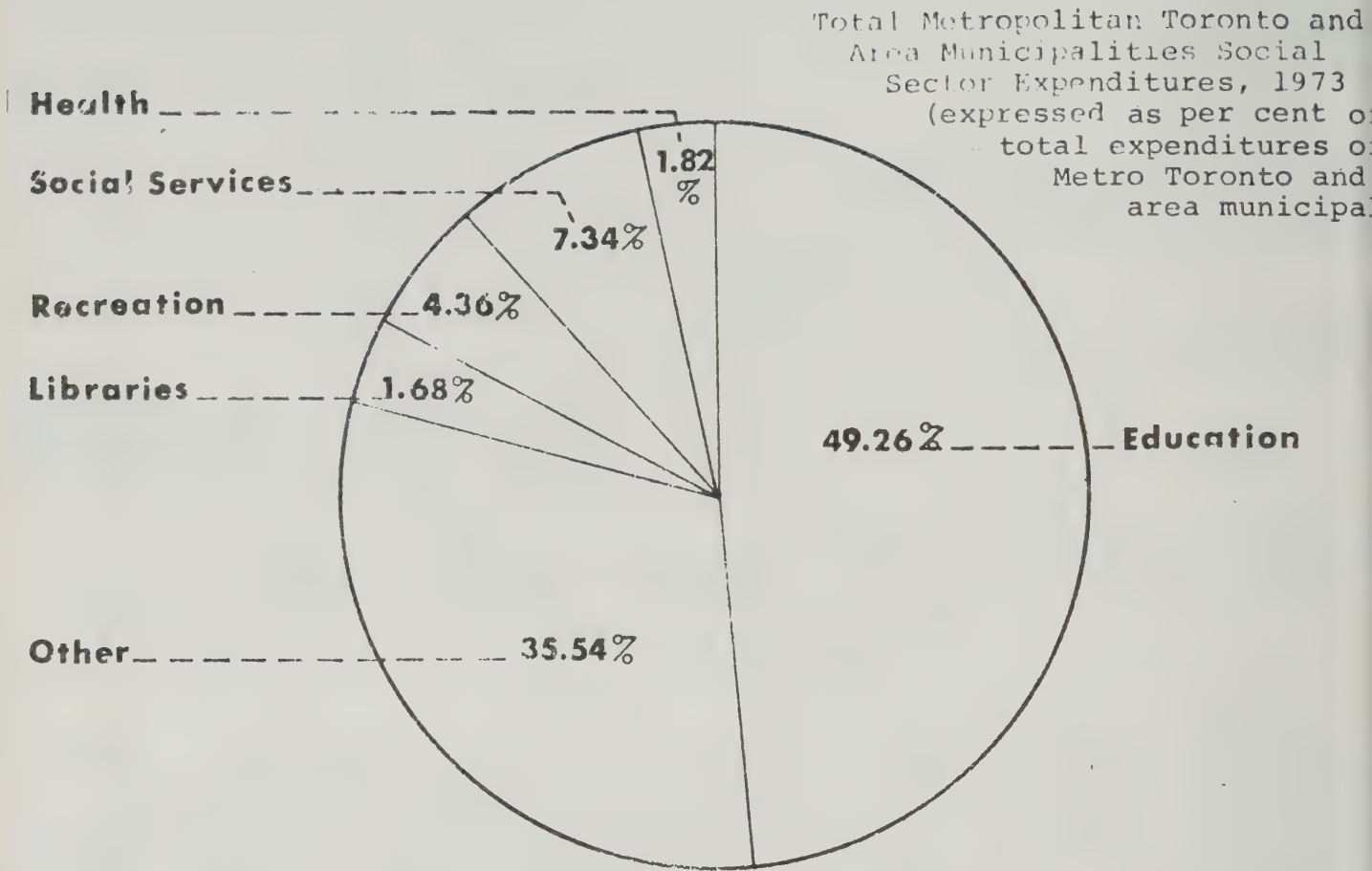


FIGURE S-04



Source - Jarrett, Goold, & Elliott, *op. cit.*

TABLE S-07

Allocation of Social Policy Responsibilities in  
Metro Toronto and Other Regions: A Comparison

<u>Feature</u>	<u>Metropolitan Toronto</u>	<u>Other Regions</u>	<u>Exceptions</u>
<i>Health &amp; Welfare</i>			
Board of Health	Local	Regional	
- area covered	Local municipality in each case	Regional area is health unit	Muskoka Region is part of Muskoka- Parry Sound Health Unit. Sudbury Health Unit covers larger territory including Manitoulin District
- composition of Board of Health	Local councils appoint elected and citizen representatives	Regional councillors form majority. Min- ority number appointed by Lt. Gov. in Council.	East York has a prov- incial appointee to its Board.
- municipal finan- cing of Health Unit	Local	Regional	Muskoka and Sudbury Regions pay their assessed share of the total unit
General Welfare Assistance	Metropolitan	Regional	Sudbury Region part of Sudbury District Welfare Administration Board
Homes for the Aged	Metropolitan	Regional	Sudbury Region operates home but serves larger area
Child Welfare (Children's Aid Society financing)	Metropolitan	Regional	

TABLE S-07 (continued)

<u>Feature</u>	<u>Metropolitan Toronto</u>	<u>Other Regions</u>	<u>Exceptions</u>
Juvenile Delinquents Act	Metro must pay court costs ordered by Court under S. 20	Regional Corporation must pay court costs ordered by Court under S. 20	
Homemaker & Nurses Services & Day Nurseries	Metropolitan	Regional	Ottawa-Carleton area municipalities may pay costs for whatever services they require.
Home for Retarded Persons	Metropolitan	Local & Regional grants permitted	Ottawa-Carleton entirely local
Hospitalization and burying of indigents	Metropolitan	Regional	
Public and isolation hospitals	Metropolitan Council may establish, erect, equip, maintain a public hospital	Regional Council may pass by-laws granting aid for the construction, establishment and maintenance of public hospitals	
<i>Recreation</i>			
Park Lands	Local and Metropolitan Metro may assume by by-law, with OMB approval, a park of an area municipality	Local and Regional	Regional role is optional in most cases. County forests assumed by Region where applicable
Recreation and Community Centres	Local	Local	
Appointments to Conservation Authorities	Metropolitan	Regional	



<u>Feature</u>	<u>Metropolitan Toronto</u>	<u>Other Regions</u>	<u>Exceptions</u>
<i>Libraries</i>			
Library Boards	Metropolitan Board operates central facilities, reference, co-ordinates. Local Boards operate local services	Local appointed Boards	Hamilton-Wentworth and Waterloo Regions have assumed some former county libraries
<i>Education</i>			
Public Schools	Metropolitan Board for finance and trainable retarded schools, Local Board in each area municipality operate all other schools.	School Board area matches Regional boundaries in Durham, Halton, Muskoka, Peel, Waterloo and York. Two contiguous board areas match Regional boundaries in Haldimand-Norfolk, Hamilton-Wentworth, Niagara and Ottawa-Carleton. Sudbury Board covers larger area than Region.	
Separate Schools	Metropolitan Separate School Board	Separate School area matches Regional boundaries in Durham, Haldimand-Norfolk, Halton, Hamilton-Wentworth, Waterloo and York. Two contiguous board areas match the Regional boundaries in Niagara and Ottawa-Carleton. The Dufferin-Peel and Sudbury Separate School Boards serve areas larger than the Region.	There is no Separate School Board in Muskoka

Sources: Provincial legislation pertaining to Metro & Regions.

## CHAPTER 1

### EDUCATION

#### INTRODUCTION

Concern over the provision of schools, the programs to be taught and who controls the education system have been the subject of debate since the first settlement of Toronto. Such 19th century activists as Egerton Ryerson, John Strachan and Jesse Ketchum are commemorated, not only in the names of major educational institutions, but also for the ideas for which they fought.

Compulsory, free public education was not achieved until 1871. The school system that evolved in the former colony of Upper Canada began with the *Common School Act* of 1816 which provided government support for elementary education and established a provincial board of education to supervise primary school teaching. Secondary education, however, remained in the hands of private grammar schools and academies, many of them denominationally oriented, where students paid tuition.

The creation of the United Province of Canada in 1841 led to the recognition of a dual school system and provisions were made for the government to fund Catholic separate schools. This two-fold system was later written into the *British North America Act* as a condition of union, along with the allocation of education as exclusively under provincial jurisdiction.

As Superintendent of Education, Ryerson's goal during this period was the establishment of larger or consolidated units of school administration rather than boards for single schools. The *School Act* of 1850 permitted such development but was not popular and only one enlarged board was created in 21 years. By Confederation, most people, according to historian Arthur Lower, "were more or less literate. Towns and cities had quite fair school systems for the age ... in Upper Canada there were 86 'grammar schools' (i.e. secondary schools) with 4,766 pupils. Since there were only 111 incorporated places in Upper Canada in 1871, nearly every town or village must already have had its grammar school." (1)

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(1) Arthur R.M. Lower, *Colony to Nation*, 4th edition, Toronto: Longmans, 1964, p. 348.

Schooling beyond elementary grades, however, remained relatively exclusive. The University of Toronto was established as a non-denominational institution in 1849 following sectarian squabbles between the Anglicans of King's College and the Methodists of Victoria College.

Major changes in education occurred with the passage of two pieces of legislation in 1871. *The School Act* introduced free, compulsory education, licensing of teachers and their supervision, as well as provision for a teachers' pension fund. *The Grammar School Act* clearly separated elementary from secondary education. Entrance exams were established for entry to the secondary system and province-wide junior and senior matriculation examinations were required for university entrance.

The organizational aspects of school boards did not change very much for a number of decades except as they reflected the population growth of the community and the annexation of adjacent territory into the enlarged municipality. A form of central control was exercised by the province through its assumption of exclusive power to appoint inspectors in 1930 and the increased encouragement towards larger units of administration.

The pressures on the educational system following the tremendous population growth and urban sprawl in the decade after World War II were similar to those faced by all other government levels and their associated authorities. Burgeoning suburbs were confronted with escalating enrollments without the cushion of an industrial base to pay for required expansion. The inner city of Toronto had the first taste of special educational needs with a non-English speaking immigration wave. On top of these pressures, the post-war baby boom brought many more people to be educated.

The provincial government response to these problems was to include education in the total revision of the Toronto municipal structure in 1953. Prior to the reorganization there were 27 school boards in the 13 Metro area municipalities. Following the passage of Bill 80, *The Municipality of Metropolitan Toronto Act*, on April 15, 1953, a new, and still unique, system of educational governance was created - a two-tier system with a Metropolitan Toronto School Board and 11 area boards of education.

In the Separate School system a quasi-metropolitan type of educational governance had existed since 1941 in the form of the Toronto and Suburban Separate School Board. In 1953, a single-tier Metropolitan Separate School Board was created. It included all of Metro, except Mimico and the Union section of south Etobicoke which retained their own boards.

Bill 80 described the functions of the Metropolitan Toronto School Board as: "*Co-ordination of educational facilities in the area ... which also makes maintenance assistance payments to each local board in respect of every pupil.*" The responsibilities of the area boards of education were summarized as: "*Operation of schools by the local board of education, the area municipality being responsible for costs above the metropolitan grants.*"

The fundamental purpose of the two-tier system was an attempt to achieve fiscal equity, particularly related to the heavy capital requirements, by using the broader tax base of the entire Metropolitan area. Current costs of school operations were also supported by a fiscal mechanism known as Maintenance Assistance Payments composed of the provincial grants earned by the area boards but paid directly to the Metropolitan Toronto School Board along with the yield of a Metro-wide education levy to raise the balance of the necessary operating revenue.

The comprehensive Report of the Ministerial Commission on the Organization and Financing of the Public and Secondary School Systems in Metropolitan Toronto (The Lowes Report) of 1974 describes the history of public education as "the search for equity". (2)

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- (2) *Report of the Ministerial Commission on the Organization and Financing of the Public and Secondary School Systems in Metropolitan Toronto*, Ministry of Education, Toronto, 1974, p. 15. This paper does not attempt to repeat the comprehensive research undertaken by the Lowes Commission but rather to highlight some of the report's findings. The Lowes Commission was initiated independently of The Royal Commission on Metropolitan Toronto. The Lowes Report, which contains 90 recommendations, along with detailed reaction reports of the various school boards, teachers' association and other affected parties, is being considered by The Royal Commission and the Minister of Education.



Area municipalities had little in common when it came to comparing assessment base related to per capita spending for elementary or secondary school pupils. As a result there were "have" and "have not" boards of education facing pressure to keep their mill rates in line with one another regardless of need.

The Metropolitan Toronto School Board also assumed responsibility for all outstanding debenture debt as of January 1, 1954, and was the funding agency for the local portion of new capital debt up to the maximum allowed by the province. This resulted in hardship for rapidly-expanding boards who then had to finance the remaining portion, as much as 50 per cent, from their own tax revenues.

This inequity in capital funding lasted for 10 years, until 1964, when the Metropolitan Board was permitted to assume all new debt charges up to a level it approved itself under a ceiling-cost formula. But the backlog of a decade of debt was still a burden for many area boards for Metro did not assume the debt incurred by local boards during this period.

The system of educational governance was again examined as an integral portion of the review of the system of Metropolitan Government in The Report of the Royal Commission on Metropolitan Toronto (The Goldenberg Report) published in mid-1965.

Mr. Goldenberg proposed a radical departure from the existing educational structure. He recommended retaining the two-tier system, but instead of a lower-tier composed of four cities, as he recommended for the municipal system, he advocated 11 local educational districts of approximately equal population that would have natural boundaries (i.e., ravines, railways, expressways) rather than the political boundaries of the four cities. The Metropolitan School Board was also to be strengthened by centralizing certain school services and finance. Commissioner Goldenberg also advocated a uniform education mill rate across Metro.

The provincial response to The Goldenberg Report was announced early in 1966 and became effective January 1, 1967 when Bill 81 went into force. Only the recommendation for a uniform education mill rate was implemented. All area board budgets were subject to approval by the Metro Board and if they did not get the funds they sought the area boards had the authority to use a discretionary levy.

As The Lowes Report commented, "very little use was made of the discretionary levy because the Metro Board used its powers of control over Area Board budgets so sparingly." (3)

Bill 81 created six new area municipalities from the previous 13 in the first Metro system. The number of public school boards was reduced from 11 to six and all had boundaries that were coterminous with the new municipal structures. The Metropolitan School Board was composed of representatives from each area board on an approximate basis of population, plus three members from the Metropolitan Separate School Board.

The differences in spending per pupil by the area boards that existed prior to 1967 because of the differences in area assessment base gradually closed with the introduction of the uniform mill rate. Although not completely uniform, spending per pupil at both elementary and secondary levels was considerably more equitable among area boards by the time the provincial ceilings were introduced in 1971.

Compared to most other parts of Ontario, Metro Toronto was well above the provincial average in both assessment and expenditure per pupil. As a result the provincial grant structures, designed to equalize educational opportunity throughout Ontario, covered a much lower percentage of total education expenditures in Metro than elsewhere. Provincial assistance to local boards has reached an Ontario average of 60 per cent of total budgets. In Metro, however, provincial grants amounted to only 31 per cent of the budget in 1973.

As a traditionally high-spending educational system, the imposition of total spending ceilings, not just limitations on provincial grants, created difficulty for Metropolitan Toronto and its area boards. This dissatisfaction led to the appointment of the four-member Lowes Commission on June 13, 1973 to review governance and financing of public and secondary education in Metro. Interestingly, it was the first study to focus specifically on educational organization and funding independently of a larger review of municipal government.

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(3) *Ibid.*, p. 21.

That Commission reported to the Minister of Education less than a year later. It summarized the existing situation this way:

*Throughout the 20 years, the basic problems and central principles involved have not changed essentially. The question still persists: How do you take the resources of the total area and apply them equitably to the provision of equal educational opportunity and still retain a strong measure of local autonomy. (4)*

Post-secondary education also experienced a boom during the sixties. The University of Toronto established two suburban campuses - Scarborough in the east and Erindale in the west. York University established itself as one of the province's major universities located in the north-western section of Metro. Ryerson Polytechnical Institute expanded in the heart of downtown Toronto to meet the needs of a more complex technical-industrial society.

In 1965 the province established the colleges of applied arts and technology, commonly known as community colleges, throughout Ontario. Four were established in Metro - Centennial, serving Scarborough and East York; Seneca, serving North York and York Region; Humber, serving Etobicoke and York; and George Brown, serving the City of Toronto.

With such a diversity of educational opportunities Metropolitan Toronto is a centre that serves not just the Metro population but thousands of students from elsewhere in Ontario, Canada and the world.

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(4) *Ibid.*, p. 24.

## METROPOLITAN TORONTO AND AREA BOARDS OF EDUCATION

The present organization of public elementary and secondary education in Metropolitan Toronto is a unique system, not only in Ontario, but in all of North America. It consists of a two-level form of educational administration and policy-making, with an upper tier, the Metropolitan Toronto School Board, having responsibilities for finance, both capital and current, the operation of schools for the trainable mentally retarded, the negotiation of teachers' salaries for all of Metro and other centralized administrative matters.

The Metro Board now has 20 members, all of whom serve as trustees directly elected to an area school board or the Separate School Board for a two-year term. The Metro Board members are selected by their area boards, usually following a caucus of the members, to serve on the upper tier. The chairman of each area board must be among those serving on the Metro Board. The chairman of the Metro Board is selected from among its members. (See Figure 1:01)

Representation on the Metro Board by area is as follows: East York - one; Etobicoke - two; North York - four; Scarborough - three; Toronto - six; York - one. There are three representatives of the Metro Separate School Board who concern themselves with general educational policy and secondary school matters.

With control over area board budgets, the Metro Board has tremendous financial power. A former director of education for the Board, W.J. McCordic, tied this power to the indirect method of election:

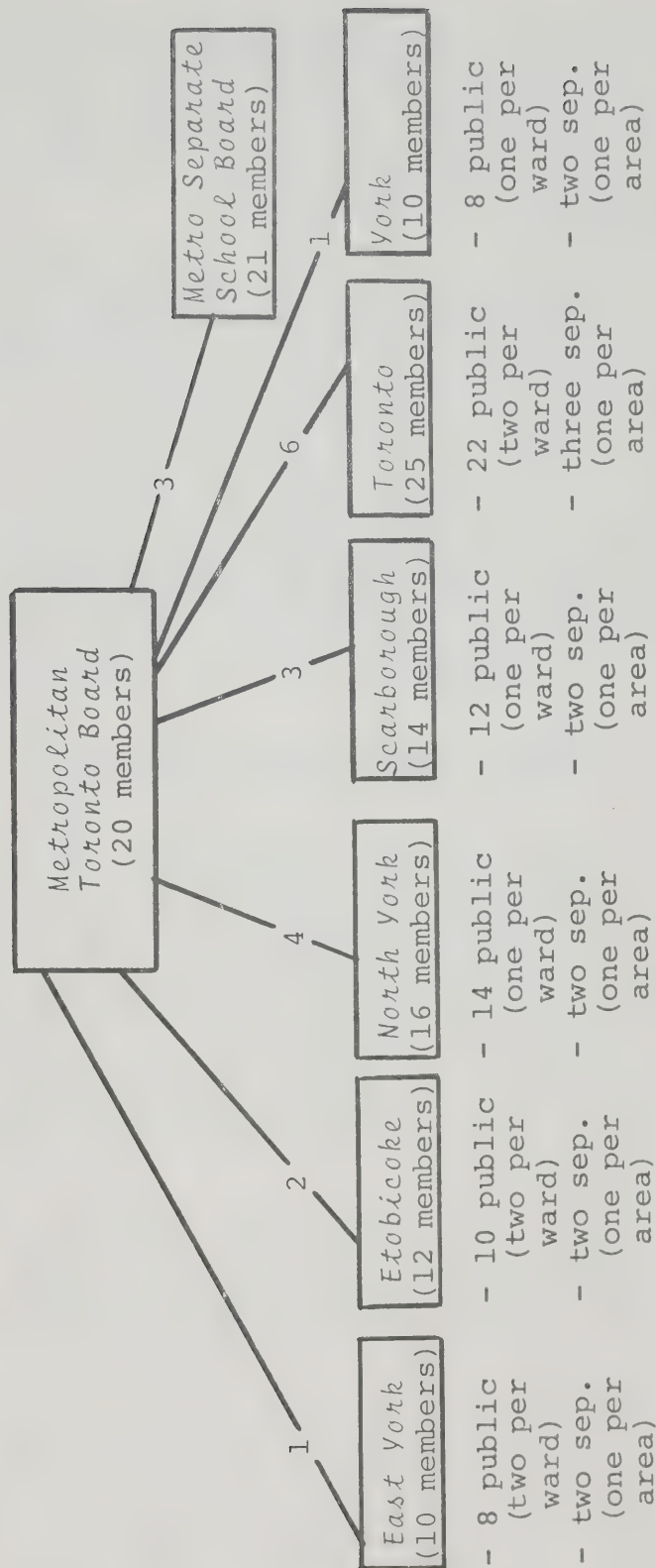
*Because of this enormous fiscal power which can, if abused, act as an effective veto on local plans, the composition of the Metropolitan Toronto School Board becomes of central importance. A superbody dictating local policy from the remote heights of a downtown office would antagonize local boards, destroy co-operation and communication and defeat the whole purpose of the two-tiered system. (5)*

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- (5) W. J. McCordic, "Urban Education: An Experiment in Two-Tiered Administration", in *Politics and Government of Urban Canada: Selected Readings*, 2nd ed., L.D. Feldman & M.D. Goldrick (eds.), Toronto: Methuen, 1972, pp. 87-88.



FIGURE 1:01

Present Structure of the Metropolitan and Area Boards of Education (1)



(1) Source: The Lowes Report, p.92 with amendments

Despite its central financial control over area boards, the Metro Board has had to go to the Municipality of Metropolitan Toronto for the approval of its capital spending programs. This created some problems in the late 1960's when the municipal authority trimmed the Metro Board's request resulting in a backlog of proposed building.

In the two decades since the creation of the Metropolitan school system the enrollment has more than doubled to a 1973 figure of 388,254 students and the gross operating budget has risen nine-fold to a 1973 total of \$472,677,000. (6)

Operation of the Metro Board is carried on through bimonthly meetings along with the work of four standing committees: Building and Sites, Academic, Finance and an Advisory Committee on Schools for Retarded Children (this latter committee consists of representatives of the Metropolitan Toronto Association for the Mentally Retarded as well as trustees).

#### Area Boards of Education

There are six area boards of education, each one serving a community that is coterminous with the municipal political boundaries. (See Table 1:01 for listing of the number of schools, pupils and teachers per board.) The area boards have the major responsibility for the actual operation of the elementary and secondary schools within their jurisdiction. But there is an "open boundary" policy among the boards that enables a student to attend any school of his choice throughout the Metro area without regard to the actual municipality in which he resides.

The method of election to the area school boards varies with the municipalities. In North York, Scarborough and York one trustee is elected per ward. The other area boards elect two trustees per ward.

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(6) *The Lowes Report, op. cit.*, pp. 31-33.

TABLE 1:01

Pupils, Teachers and Schools by Area Board (1)

<u>Board</u>		<u>Pupils</u>	<u>Teachers</u>
<i>East York</i>	Elementary	10,227	420
	Secondary	4,708	281
Schools open 29			
<i>Etobicoke</i>	Elementary	34,986	1,522
	Secondary	21,573	1,280
Schools open 95			
<i>North York</i>	Elementary	66,408	2,809
	Secondary	34,748	2,023
Schools open 192			
<i>Scarborough</i>	Elementary	56,728	2,380
	Secondary	29,429	1,788
Schools open 138			
<i>Toronto</i>	Elementary	58,630	2,761
	Secondary	34,629	2,148
Schools open 149			
<i>York</i>	Elementary	13,990	610
	Secondary	8,095	493
Schools open 35			
<i>Metro Toronto</i>	Trainable		
	Retarded	1,283	156
Schools open 13			

(1) Source: Ministry of Education 1974 Directory

Each area board also has representatives elected by separate school supporters. Two trustees are elected by separate school supporters to each area board except in the City of Toronto where there are three. These trustees are not elected by the wards used for public school trustees or aldermen but rather groupings and contiguous wards. (See Figure 1:02)

The Lowes Report pointed out that area board trustees represent a considerably different number of people ranging from a low of 10,534 constituents per trustee in East York to a high of 32,973 in North York. Among its recommendations The Lowes Report advocated an equalization in the number of people represented by a trustee and also a uniform system of one member per ward. (7)

An even more radical recommendation in the The Lowes Report suggested an entirely new method of school board representation based on a natural community of "family of schools" concept with one trustee representing an area comprising the neighbourhood secondary school and its feeder elementary schools.

#### *Principles and Programs*

There is no agreed upon method for evaluating "quality of education". Dollars spent, pupil-teacher ratios, and drop-out rates are among many standards that have been suggested. In attempting to evaluate the performance of the Metro and area boards of education it may be useful to refer to the 1968 Hall-Dennis Report, *Living and Learning*, which outlined some guiding principles for the organization of school boards. Paramount, Hall-Dennis suggested, are flexibility and co-operation; also critical are school size and community use of schools. (8)

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(7) *Ibid.*, pp. 85-121.

(8) *Living and Learning*, The Report of the Provincial Committee on Aims and Objectives of Education in the Schools of Ontario, Toronto: Ontario Department of Education, 1968, p. 150.



Metro and Area Public and Separate School Board Electoral Boundaries



With those principles in mind, the report went on to list four criteria for determining suitable units of educational administration. Number one was a comprehensive program from kindergarten to grade 12, perhaps including nursery schools, with close liaison at the upper end with post-secondary education and adult education. Second was the ability to provide a complete range of services both diagnostic and advisory for all students including the physically and mentally handicapped. A range between 5,000 and 20,000 students was suggested as the optimum. The report states:

*Some studies indicate that when a school system tries to provide services for more than 20,000 children in a single organization, a levelling off occurs; public participation and interest in educational matters tend to decline and administration tends to become increasingly bureaucratic. (9)*

The third criterion also related to size. The board should be sufficiently large to employ specialists in both consultative and administrative positions. A key point of emphasis was that the director of education should be the chief education officer as well as the chief executive officer, and should be freed from administrative burdens. The final criterion stressed that the board area should have a large enough tax base to support such a full range of programs, and if necessary, the province should play a role as the financial equalizer. (10)

The Metropolitan Toronto education system when evaluated against the above criteria would seem to rate highly in range of programs, special services, employment of consultants and a strong tax base. Lower marks would be assigned on the size of the organization unit (only two of the six area boards are near the 20,000 pupil maximum).

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(9) *Ibid.*, p. 152.

(10) *Ibid.*, pp. 152-153.

Probably one of the most important, and often criticized, mechanisms for the co-ordination of programs and priorities in the Metro educational system is the Advisory Council of Directors. The directors of education of Metro and each area board hold weekly meetings to review virtually all material flowing to the elected members. The chairmen of all boards also meet as a committee in close contact with the Advisory Council of Directors. Assessing the situation, Mr. McCordic, a former Metro Board director of education, commented:

*This unqualified commitment by both the political leaders and managers of the six local authorities has had a contagious effect upon all staff: the entire work force, both teaching and non-teaching, seem more inclined each day to accept the fact that they must achieve their educational goals jointly through the upper-tier authority. This has been a major, if not critical, factor in the present arrangement. (11)*

Critics of the system, however, charge that whatever benefits of co-ordination are achieved are outweighed by the fact such meetings are held in secret. Meetings of trustees are little more, critics claim, than a rubber-stamping of decisions arrived at privately by senior bureaucrats. The second negative assertion concerns the administrative work load of the directors of education who, in addition to Advisory Council meetings and interminable budget meetings, are so caught up in administration they are unable to fill the more contemplative role envisaged for the chief education officer.

Area boards operate through their semi-monthly meetings and a series of standing committees. There is no uniformity to the number or names of such standing committees but they usually encompass property and finance, education and programs, administration, and long-range planning. The York board lists as a standing committee a Teacher/Board Liaison Committee which meets once a month.

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(11) McCordic, *op cit.*, p. 94.



## METROPOLITAN SEPARATE SCHOOL BOARD

In contrast to the two-tier system of public education, there is only one board that provides education for all Metro Roman Catholic children whose parents are listed on the assessment rolls as Separate School supporters.

The Metropolitan Separate School Board was created in 1953 coincident with the reorganization of other Metro municipal and educational structures. It operates a school system from kindergarten to grade 10, which is the limit of provincial financing to the separate school system.

The Separate School Board has 21 trustees elected for a two-year term at the same time as other local elections. The formula for representation is apportioned throughout the Metro municipalities based on the number of registered separate school supporters. By municipality the representation now is as follows: East York - one; Etobicoke - three; North York - five; Scarborough - three; Toronto - seven; York - two.

Since the separate school supporters are not evenly distributed throughout the Metro area or within area municipalities, the electoral districts for Separate School trustees vary. The existing ward boundaries in each municipality are the basis and in some cases (Toronto wards 1, 2, 3 and 4 for example) one municipal ward will correspond to one Separate School electoral area. Generally several contiguous municipal wards are combined to form a separate school board electoral area; in the case of East York the entire municipality forms the electoral area. Confusion arises in almost every instance for separate school supporters get two votes, one for Separate School trustees to the board of education in their area municipality and another for the Metro Separate School Board. Only in the area municipality of York do these boundaries coincide. (See Figure 1:02)

Three appointments are made from among those elected to the Metro Separate School Board, including the chairman, to serve a two year term on the Metro Toronto School Board.



Enrollment in the separate school system has been rising faster than that of the public school system. From less than 25,000 students when the Metro system was introduced in 1953 the Separate Schools had an enrollment of 90,296 students in 1974 with 3,863 teachers and 185 schools. The Board's 1973 gross budget was \$68,465,000. Of this amount 73.7 per cent came in the form of provincial grants. The Board uses a uniform mill rate throughout the Metro area. The 1973 Separate School levy amounted to \$16,529,124. (12)

In contrast to the declining enrollments in the public system, the Separate School Board still continues to experience a small annual increase in students. Figures submitted for The Lowes Report do not project a levelling off until 1977 and then a slight decline. (13)

The secondary grades 11 to 13, which are not funded by either the province or municipality, operate as private schools but use the physical facilities and staff of many of the separate schools. There is an obvious and understandably close relationship between the two.

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- (12) Ministry of Education 1974 Directory, and financial tables provided by Jarrett, Gould and Elliott, *op. cit.*  
(13) *The Lowes Report, op. cit.*, pp. 33-34.

## EDUCATIONAL FINANCE

A major step in the search for equity in the Metro educational system was the decision of the province to establish a uniform education mill rate for all of Metro effective in 1967.

The basic principle that had led to the establishment of the Metro system a decade earlier - that the total resources of all of the Metro area should be used to the greatest extent - was now applied to education operating budgets. To equalize opportunity the Metropolitan School Board was given the responsibility of reviewing and co-ordinating all local boards budgets and providing the necessary funds to the local boards for their basic educational requirements.

What is equity in education? The Lowes Report devotes one-third of its length to a study of the problem and various recommendations that may achieve the goal. Its simplified definition of equity is "relative educational need". (14) Among the factors that make a definition difficult are calculating the costs of transportation, special education, inner city needs, declining school populations, varying levels of teacher experience and qualifications, etc.

### Provincial Grants and Ceilings

Prior to 1970, provincial assistance was provided by a foundation-type program. The purpose of this plan was to provide a minimum foundation level of services and equalize the ability of poorer boards to meet this standard. The foundation level was calculated at approximately the average school board expenditure. Boards that were low in assessment base received higher provincial grants to get them up to the Ontario average. Boards, such as Metro, which had higher assessment and expenditure levels than the provincial average, received lower grants. The maintenance assistance program (MAP) which covered about half of local board costs prior to 1967 and the uniform educational mill rate after this time were the methods used to bring about a form of

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(14) *Ibid.*, p. 152. See also Chapter VII, pp. 149-223 for a detailed examination of the issue.

equalization within the Metro area boards since the provincial grant was calculated using a Metro base rather than individual area municipalities.

A new grant structure was introduced in 1969 at the same time school boards throughout the rest of the province were undergoing restructuring. Each board received a grant equal to a variable percentage of its operating expenditure, up to a maximum. The percentage varied inversely with each board's assessment per pupil. Each board was then assured the same level of expenditure per pupil at the same mill rate on equalized assessment up to the grant regulation maximums. However, there were no limits on boards raising additional revenues by use of the local levy. Obviously, boards such as Metro with high assessment per pupil ratios were able to spend more than less well-endowed boards resulting in continued inequalities.

The current provincial expenditure ceilings went into effect January 1, 1971. Prior to the ceilings, the province in 1969 amended the legislation to give the Minister of Education the power to control school board spending whether the money was raised through the local levy or not. The expenditure ceilings were accompanied by a new grant plan which established weighting factors that were applied to all school boards in Ontario. Maximum amounts per elementary and secondary school pupil were established and boards that exceeded these limits were given a three-year cushioning period to bring their spending in line.

The major impact of the expenditure ceilings has been to increase the competition among the area boards for a larger share of the total. Boards, such as Scarborough, which were spending below the Metro average could only increase their share by getting the higher spending boards, such as North York and Toronto, to curtail their spending. The latter boards argued this would mean the elimination of essential programs or services. (15)

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(15) *Ibid.*, pp. 22-24.

Educational expenditures have been rising faster than the general municipal mill rate, thanks to higher provincial grants, and very much faster than enrollment. The following chart illustrates the percentage increases from 1965 to 1973 of the Metropolitan Toronto School Board:

Gross expenditures (with ceilings)	up 148%
Mill rate	up 57%
Taxable assessment	up 34%
Enrollment	up 12% (16)

Of the total Metro School Board budget amounting to \$472,677,000 in 1973 the provincial grants amounted to only 31 per cent. Almost all the rest was raised by the uniform educational mill rate throughout Metro. The imposition of provincial ceilings clearly meant that there was a limitation on local autonomy even related to the amount of money that could be taxed locally to be spent locally.

A traditional principle in the Ontario system of education has been local control. The consolidation of township boards throughout the province in 1969 and the restructuring of the 11 Metro boards into six in 1967 both reflected the provincial view that as far as practicable the solution to educational problems should be handled at the local level. The provincial ceiling on school board budgets has raised a question about the real meaning of local control.

One of the key recommendations of The Lowes Report is the advocacy of a discretionary local levy, but one with controls and limitations. As proposed, boards that had reached their expenditure ceilings would be permitted to use a discretionary levy of up to one-half a mill (60 per cent for elementary use and 40 per cent for secondary). However, to prevent the "have" boards from increasing the gap with the "have not" boards half of any discretionary levy would go into a provincially-administered fund to be shared by the boards which were not in a financial position to impose a discretionary levy. (17) The recommendation seeks to provide local boards with sufficient autonomy from the budget ceilings,

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(16) Loren Jay Lind, *The Learning Machine*, Toronto: Anasi, 1974, p. 137.

(17) *The Lowes Report*, op. cit., pp. 182-188.



particularly to experiment with new programs or community use; but at the same time, prevent widening inequities between wealthier boards and others.

### Budget Formulae

As mentioned earlier in the discussion on equity, there are a great many factors that must be weighed in assessing the cost and worth of education. In determining the weighting factors for calculating grants, the province includes far more than just enrollment. Among the many items weighed are: age of school buildings, population density, mother language of population, percentage of population on welfare, number of public housing units per capita, experience level of teaching staff and many others. (18)

An equally complex series of formulae have been devised to provide for the equitable allocation of all revenues to match the needs of the area boards (See Table 1:02). These formulae are developed by the Budget Formulae Review Committee of the Metro Board and are amended, deleted and added to as circumstances change. Two new formulae, Revenue Budget and Metric Conversion Budget, were added for the 1975 fiscal year.

The budgeting process for both the Metro and area boards has become increasingly time-consuming to the point that it is almost a continuous, year-long task. Criticism has been raised that the financial problem of the school boards is such that almost all the time is spent on budgets and little on education.

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(18) *Ibid.*, p. 159. See also *Comparison of Ordinary Expenditure per Pupil of Area Boards Under Metro and According to Ceilings Based on Individual Weighting Factors*, 1974. Toronto: Ministry of Education. This document is intended for use in conjunction with The Lowes Report.

TABLE 1:02

Metro School Board Budget Formulae

1. Day School Instructional Salary Budget Formula
2. Supervisory and Responsibility Allowances Budget Formula
3. Para-professional Budget Formula
4. Fringe Benefit Budget Formula
5. Special Courses Budget Formula
6. Continuing Adult Education Budget Formula
7. Support Services Budget Formula
8. Supplies, Furniture, Equipment and Rentals Budget Formula
9. Psychological and Pupil Welfare Budget Formula
10. Computer Services Budget Formula
11. Plant Operations Budget Formula
12. Community Use of Schools Budget Formula
13. Plant Maintenance and Permanent Improvements Budget Formulae
14. Transportation Budget Formulae
15. Revenue Budget Formula
16. Metric Conversion Budget Formula

Source: Metro Board of Education

### Local Autonomy

The provincial expenditure ceilings placed limits on Metro school board spending but the weighting formulae developed by the province were calculated on a Metro-wide basis, which created concern among area boards who felt the special needs of their system had been overlooked. Many boards argued that if the ceiling had been calculated on an individual board basis it would have been more advantageous to them. However, the Ministry of Education report points out that the entire formula is based on the total number of boards in the province. This figure would only change slightly if the six area boards were added separately rather than grouped as one under Metro, although the median board amount that is the basis for the formula would be altered. Ministry figures using both methods of calculation show little difference between them. (19)

Professor T.R. Williams, an expert on the Metro system, reviewed the impact of the budget ceilings along with the existing inequities among area boards and made this comment:

*Because of these two factors the process of budget development at both the area board and metro board levels has been characterized by participants at both levels complaining of perceived restrictions on the operating style of area boards. This process of restriction has been blamed both on the province and on the metro tier. While, indeed, some culpability does rest with both those agencies, by far the major source of infringement, budgetarily at least, has been by area boards on each other. Financially poor boards forced their demands into the heartland of the richer boards. The result has been an increased level of heated debate and a growing potential towards polarization amongst the area boards when they meet at the metro board level. (20)*

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(19) *Comparison of Ordinary Expenditure, op. cit., pg. 2*

(20) T. R. Williams, "Some Facts and Fantasies Concerning Local Autonomy in the Metropolitan Toronto School System:", *Canadian Public Administration*, Vol. 17, no. 2, Summer 1974, p. 275.

## SCHOOL BOARD - PROVINCIAL RELATIONSHIPS

The financial questions are obviously the major issue between Metro and area boards and the province. Another major issue is the relationship between the boards and the regional office of the Ministry of Education.

The regional office of the Ministry is responsible for reviewing the Metro Board capital budget (which includes all area board capital budgets) and also provides other advisory and administrative services. The area boards often view the regional office as an obstruction and on important issues the boards often band together to seek the ear of the Minister.

Arguments have been posed that the size and problems of Metro are such that they should deal directly with the central office of the Ministry rather than a regional office covering a territory from the heavily-urbanized lakefront to the rural hinterland bordering Algonquin Park.

Viewpoints expressed before the Lowes Commission recommended that either Metro and area boards deal directly with the Ministry central office or that Metropolitan Toronto alone be declared a region. The counter-argument, of course, is that to accede to this request would be to place Metro in a preferred position to that of any other school board in the province.

The problems of an educational system in a major urban area, particularly the inner city with its high turnover and transient rates, low income families, immigrant groups and other social factors, has meant a role beyond teaching. School boards have had to employ psychiatrists, social workers and psychologists to cope with many personal problems inhibiting students from maximizing their educational opportunities.

The costs for these non-education personnel are still borne by the education levy. For some time school boards have tried to obtain funding from the Ministries of Health and of Community and Social Services to cover these special services. Budget pressure makes this a renewed area of concern for school boards.



## PRIVATE AND OTHER SCHOOLS

There are approximately 18,000 students in 66 privately-operated schools in the Metro area. This is about four per cent of the total elementary and secondary enrollment in Metro. Programs range from experimental to traditional academic and are offered to students from pre-kindergarten to matriculation.

The two largest groups are the Roman Catholic private schools offering grades 11 to 13 for some 5,300 students at 17 schools throughout Metro and the Jewish private schools educating some 3,600 pupils in a dozen schools, mostly in North York.

These private schools are funded by tuition fees, donations from church parishes and synagogues and other fund-raising ventures. The Roman Catholic secondary students use portions of the buildings operated by the Separate School Board and there is some exchange of teachers and principals. There does not appear to be a consistent form of senior administration or policy authority in the private schools. The variations range from the principal being the sole authority; to traditional boards of directors composed of parents, former students and community leaders; to a democratically-organized school council of teachers, principal, parents and religious representatives.

Two private schools in Metro attempt to supply bilingual or French-language education in addition to that provided by the public and separate boards. The largest is the Toronto French School with more than 900 students.

Many of the private schools such as Bishop Strachan, Havergal and Upper Canada College are old and well established, attracting students from throughout Canada. There are also specialty schools such as the National Ballet School with 130 pupils studying both academic and dance curricula.

Specialized education for the handicapped is provided in seven provincially-funded schools within Metro with a total of 280 students. The largest of these is the Ontario Crippled Children's Centre with 137 students. These hospital schools operate with provincially-appointed boards of education. The Lowes Report recommended that schools for the orthopedically and physically handicapped be transferred to the Metro Toronto Board's jurisdiction which currently operate special education schools for the trainable mentally retarded. (21)

#### LINKAGES IN SOCIAL POLICY

The educational system cannot and does not operate in isolation. Providing an essential service to more than 20 per cent of the Metro population on a full-time basis and many tens of thousands of others on a casual or part-time basis means that the educational system must have many different links or relationships with other institutional, governmental and private bodies. This section identifies some of the more important linkages between education and other agencies in the social policy field within Metro.

##### Formal Relationships

There are a number of formal appointments to the boards of special purpose bodies by both the Metro and area school boards and the Separate School Board. Among them are seats on the Metro and area library boards, and non-voting representation on the North York and Toronto Planning Boards (Metro and Separate School Boards also had appointments to the Metro Planning Board prior to its dissolution at the end of 1974).

There is also a formal contractual agreement between the Metropolitan Toronto and Region Conservation Authority and all the school boards in Metro for the use of conservation facilities for natural science and conservation programs.

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(21) *The Lowes Report, op. cit., p. 78.*

The colleges of applied arts and technology have designated service areas made up of a municipality or series of municipalities. Each college is governed by a Board of Governors who are responsible to the provincially-appointed Council of Regents. The normal size of a college board is 12 members, four of these are appointed by the municipal councils in the area served by the college. The remainder are appointed by the province which regularly includes senior staff from boards of education in its selection.

The municipal appointments to the four Metro area colleges do not follow any regular pattern. The City of Toronto chose to make all four appointments to the George Brown College board from among the aldermen. The Humber College board has two appointees from each of Etobicoke and York boroughs and all are citizens with a diversity of backgrounds. Centennial College has two appointees from both Scarborough and East York with only one elected representative among the group. A similar pattern of a single councillor among the municipal appointments occurs with the Seneca College board where two each are nominated by North York and the Regional Municipality of York.

#### Community Use of Schools

Schools can be defined as community-owned facilities through which a wide range of services to the community can be provided. Education in recent years has taken on a broader meaning than the formalized classroom years from age five on. Education has become a life-long experience that takes place in many environments. The physical space that is available in school buildings obviously should be available for uses beyond the week-day, day-time hours. That is a widely-accepted goal but in Metro there is no uniform pattern toward providing greater community use of schools. In fact, the situation is much as described for the province as a whole by The Select Committee on the Utilization of Educational Facilities in its final report:

*... we found that far more was involved than the mere mechanics of how to increase community use of schools. What we had to do was focus on*

*the need to develop means of fostering community involvement and participation in the process of deciding how local resources were to be used. (22)*

Etobicoke has the best record in this regard with formal liaison meetings between elected trustees and councillors and appropriate staff on both sides. These meetings are bimonthly. Toronto has a joint liaison committee that meets monthly. It is composed of members of council's Parks Committee and trustees. In York there exists project co-operation among the Parks and Recreation authorities, the school board and Humber College.

An obvious limitation on wider community use of schools is the matter of budgets. A board may apply to the Minister of Education to have funds for community use of schools classed as supplementary rather than ordinary expenditure, in that way overcoming current financial restrictions. However, the decision or approval power rests with the Minister, not the local board. A six-point program for community education including incentive grants was announced by the Minister of Education, October 30, 1974. They do not go as far, however, as the Select Committee recommendations.

The declining enrollments have also forced many boards to consider other uses for empty classrooms including day nurseries, public health clinics, legal aid offices and joint use of buildings with the Separate School Board who are short of space in some areas where the public board has a surplus.

#### Community Involvement

The Home and School or Parent-Teacher associations that once served as the closest link between families and schools have gone into decline. Some still exist, but their numbers and activities are limited. Many schools encourage parents, particularly at the elementary level, to become involved as volunteers helping in libraries and classrooms and on field trips. The school principal is the key individual in this form of parent involvement and can serve as either a catalyst or stonewall.

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(22) *What Happens Next is Up to You*, Final Report, The Select Committee on the Utilization of Education Facilities, Toronto, 1975, p. vi.



In one of their arguments favouring a discretionary levy, The Lowes Report made an interesting reference to community involvement. It suggested:

*The Commissioners envisage one way in which local school initiative could be stimulated. A school council made up of parents, teachers, students, the principal, and the local trustee would meet to propose innovative programs for their school. Programs which would not require great sums but rather seed money to enable them to make a start. These programs from local schools would be passed on as recommendations to a board committee comprised again of representative parents, teachers, principals, students, trustees and administrative officials. This committee would screen requests, set priorities and send its recommendations on to the Board. We believe such a process would revitalize the professional enthusiasm at the local level which has been blunted for the past few years. It would enable local schools to undertake some particular program which was deemed important to them. It is an example of local autonomy and local participation at its best. (23)*

The concern of the community on educational matters is most visible on specific issues. It may be operational concerns such as transportation or pedestrian safety or policy issues such as the desire for French language instruction. The community involved may be parents of just one school or a whole family of schools. Their focus is the issue at hand and not a permanently structured organization.

#### Informal Relationships

This is a difficult area to fully document. There are the obvious informal and professional contacts of the public health nurse visiting schools, the co-operation that develops between municipal recreation staff and physical education instructors, etc. Teachers are appointed to special purpose bodies or are elected to municipal councils. All of these activities help to strengthen the linkages between education and other social policy fields as well as the larger structure of municipal government.

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(23) *The Lowes Report, op. cit., pp. 190-191.*

## AREAS OF CONCERN

Throughout this review of the Metro educational system reference has been made to The Lowes Report. It is a major analysis of the financial and organizational issues facing the public schools. Other matters that require either local, Metro or provincial attention have also been noted.

### Major Concerns

Number one is the matter of finance. There is little doubt that educational spending had to be brought under restraint. What is needed now is a safety valve to restrict overspending yet adequately provide for local needs that cannot be accommodated under the present ceilings. This may also relieve the intra-board conflict at the local level.

Salaries and fringe benefits form approximately three-quarters of the total cost of education. Metro-wide collective bargaining has removed the former pressures of the teachers' associations playing one board against the other. However, with limits on its spending the Metro board faces a difficult period of bargaining given the rising militancy of the teachers and the uncertainty of promised provincial legislation governing the teachers. With a responsibility to provide stability in the educational system, the Metro board is caught in the position of attempting to bargain while the provincial authorities may be changing the rules.

A third concern is public involvement in education. Fears of bureaucratic remoteness, lack of innovation or experimentation with new programs, public apathy, general equalized blandness and central control are among the oft-repeated criticisms. Using the "family of schools" concept to bring educational decision-making closer to the community is a suggestion worthy of examination.

### Other Issues

Recently the North York Board of Education unanimously passed a resolution endorsing public support of the Jewish schools as "an educational alternative having a distinct cultural identification". As Metro becomes more and more a cosmopolitan community, aid for cultural educational activity will be an issue.

The declining enrollment in the public sector schools while the separate system grows has led to a number of examples of co-operation in sharing facilities and even exchanging proposed building sites. However, there are also signs of friction that may require more formal methods of resolution.

Separate School supporters are given two education votes at elections, one for the area board and a second for the Metro Separate board; but in almost all cases these electoral districts are not the same. This creates confusion in the voter's mind which does not help the democratic process.

Though part of the perpetual financial problem, educational budgeting has become so complex as to require almost the full-time of trustees and senior staff. Examination should be given to simplifying the budgeting process while at the same time exercising effective budgetary control.

The public has a massive capital investment in schools. Maximizing their use has been a community goal, yet in practice it is not widely implemented. Closer formal relationships between municipal and educational authorities may have to be legislated. Examination should also be given to the grant structures of the province to ensure that they are not an impediment to wider community use of facilities.

Efforts to provide general interest or continuing education opportunities for the public has reached the point of excess competition. School boards, community colleges, recreation authorities, public libraries and private agencies offer a duplication of programs in a range from basic bridge to yoga. Tight budgets may eliminate some of this overlap but more formal co-ordination is required in extension education programs.

The early retirement of many highly capable directors of education should be viewed as a warning sign that the burdens of experienced, senior educational staff - budgets, political demands, central control - may be only the tip of the iceberg related to the political and administrative aspects of education in Metropolitan Toronto.

## CHAPTER 2

### HEALTH

#### INTRODUCTION

The goals and objectives of a health system have been stated in various ways in the many reports written during the past few years about the development and organization of an appropriate health system in Ontario.

The Committee on the Healing Arts suggested the health system's overriding goal "should be the health and well-being of the whole community and the welfare of its members". (1) The Health Planning Task Force stated the objective is "to provide and maintain for residents of the province a state of physical, mental and social well-being, including the prevention or treatment of disease or infirmity, to the extent possible given the resources available." (2)

In another Ontario Council of Health Report on Health Services for New Towns, published in 1974, the primary over-all provincial objective for health services was described as "the development of a planned, integrated and co-ordinated system of high quality health services which is effective, efficient and economical. Health services in this system should be integrated functionally with social and other interrelated services. The system should be flexible to facilitate change and should be set up in a way which permits evaluation." (3)

Certainly the principles of accessibility, economy and efficiency, along with those of flexibility, co-ordination, pluralism, decentralization, and responsiveness, are recognized as important and necessary goals, but they are not always compatible.

What role does local government in Metro Toronto play in the health system? How do provincial policies and programs relate to local governments in this area? And what are the relationships between levels of government in the health sector and the linkages between health and other sectors in the social policy field?

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- (1) *Report of the Committee on the Healing Arts*, Toronto, Queen's Printer, 1970, Volume 1, p. 8.
  - (2) Ontario Council of Health, *Report of the Health Planning Task Force*, Toronto, 1974, p. 6.
  - (3) Ontario Council of Health, *Health Services for New Towns and Major Developments or Redevelopments in Existing Communities and in Underserviced Areas*, Toronto, 1974, p. 13.



This chapter will review some of these matters and describe the existing health services system within Metro as well as the local structure for development and implementation of policies and programs on health care matters.

#### FEDERAL GOVERNMENT

The federal government's responsibility in the provision of direct health services is minimal, but it does play a major role in shaping the health system through its funding of the medical care and hospital insurance programs.

The development of both these programs represented major changes in government expenditures for the health sector; for example, when the federal government first announced the medical care insurance program, the Province of Ontario delayed its entry into the program because it meant a major change in spending priorities.

Federal government payments to Ontario for both medical care and hospital insurance have increased from \$746 million in 1972-73 to an estimated \$1.033 billion in 1975-76, an increase of 38 per cent over the four-year period. Provincial government expenditures on health care increased 53 per cent in the same period (4), and provincial payments to local health agencies and conditional payments for health to local governments have increased nearly 55 per cent during this time.

While the federal government's major objective in the health field is the establishment of national standards and the equalization of health services across the country, it is also involved in other aspects of the field. It is directly responsible for providing health services to certain categories of people including Indians living on reservations and all people in the Northwest Territories and Yukon Territory.

The Department of National Health and Welfare is also responsible for the Food and Drug Directorate which in turn is responsible for national standards, control and inspection of foods, drugs, cosmetics and medical devices. The Health Resources Directorate acts as a co-ordinating agency on matters related to health manpower and education, and on health delivery systems.

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(4) 1975 Ontario Budget, Tables C 3, C 4, C 5.

The grant programs, including the medical care program, the hospital insurance program, the Health Resources Fund and the National Health Grants program, are also administered by the Department. It develops the conditions and funding formulae for these programs which, in turn, are important in influencing provincial governments' decision-making (eg. what services will be covered by the health insurance plan). For example, the federal government does not cost-share in the extended care program, one reason it was not included as a benefit when the Ontario health insurance plan was originally established.

The federal government, through the Medical Research Council, supports major research in the basic medical sciences, and some clinical research. Both the National Research Council and the Defence Research Board have also been involved in funding some medical and health research programs.

#### PROVINCIAL GOVERNMENT

The provincial government is the dominant government level in the funding and regulation of all Ontario health services.

Not only is the province responsible for universal compulsory health insurance introduced in 1969, but it covers: funding of hospital operating costs and the major portion of capital costs; the establishment of standards and the regulation of nursing homes and other health care institutions; establishment and provision of grants to public health programs operated by local municipalities; the regulation of health practitioners; direct operation of mental health institutions; and the provision of grants to many voluntary health agencies.

Provincial expenditures for health services have risen dramatically from \$1.8 billion in 1972-1973 to almost \$2.8 billion budgeted for 1975-1976, an increase of more than 50 per cent in four years. Health care expenditures will account for 28.3 per cent of total provincial expenditures in 1975-1976, whereas revenues from health care programs, primarily from health insurance premiums, will be only \$564 million in 1975-76 or 6.5 per cent of total provincial revenues. Thus a substantial contribution from general revenues is allocated to subsidize the health insurance program and other health expenditures.

The health premium revenue as a percentage of total provincial revenues has declined from 8.1 per cent in 1972-73 to 6.5 per cent in 1975-1976. In the current fiscal

year, the province expects to receive transfer payments from the federal government of \$1.033 billion under the Hospital Insurance and Medical Care Agreements, up from \$746 million in 1972-1973. (5)

### Ministry of Health

The Ministry of Health is the provincial agency responsible for development of health care policies and programs and administration of provincial programs.

The province's first involvement with local health services was through public health, during a cholera outbreak in 1832 that prompted the introduction of a bill the following year to *Establish Boards of Health and to Guard Against the Introduction of Malignant, Contagious and Infectious Diseases in the Province*. (6) The first *Public Health Act*, passed in 1873, (7) provided continuous scrutiny of public health for the first time.

Under that Act, each municipal council was constituted as a local board of health with power to make, on a continuing basis, the inspections which until then could only be made in emergencies. In 1884 the health boards were to be appointed by municipal councils but to operate separately from them. (8) Municipalities were empowered to unite together to form health districts whose board representatives were from each community involved.

The board's duties were primarily to inspect premises and remove nuisances, inspect food offered for sale, ensure pure water supplies, and prevent the spread of infectious diseases.

The provincial government also became involved in assisting hospitals in the early 1800's. The first civilian hospitals were voluntary, but the government gave a grant of 100 pounds to the first of these, York General Hospital, from 1830-1832. In 1849 money was granted by Order-in-Council to the Toronto General Hospital and the provision of such grants became a regular annual occurrence after that, although the amounts varied until 1874 when legislation was passed authorizing annual grants to charitable institutions, including funding hospitals on an assured basis. (9)

The first provincial Department of Health was established by legislation in 1924. (10)

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(5) All figures are taken from the 1975 Ontario budget.

(6) (1833) 3Wm. IV, c. 48.

(7) S.O. 1873, 43.

(8) S.O. 1884, 38.

(9) S.O. 1874, 33.

(10) S.O. 1924, 69.



In 1927, the legislation was amended to enable the Department to take over the functions of the Boards of Health, with the Minister assuming the duties of the chief officer of health. (11) The Department also took over functions relating to hospital administration.

In 1957, the Ontario Hospital Services Commission was established; it was responsible for the development and administration of the hospital insurance plan as well as administration of the *Public Hospitals Act* and the *Private Hospitals Act*. The Commission was abolished in 1972, and its functions and responsibilities were transferred to the Treatment and Rehabilitation Branch of the Ministry of Health.

The history of the province's role in the provision of health care was originally based upon minimal government control and a decentralized system. As health care costs escalated rapidly during the past decade, and with the introduction of provincially-administered health insurance, the government has taken an ever-increasing role in the determination and control of health services.

Hospital and public health budgets have recently been subject to ceilings, and new or expanded programs have been subject to provincial review and approval. Public control over health practitioners has also been reinforced with the introduction of the new *Health Disciplines Act*, which provides for a provincially appointed Health Disciplines Board to supervise the work of the individual regulatory colleges and boards for each health discipline. All indicators point to an increasing provincial government involvement in all facets of health care.

#### *Relationship to Municipalities*

Little of this new authority has been delegated to the municipal level of government. Municipalities continue to be responsible for public health programs now within fairly stringent guidelines on costs and manpower resources established by the province. This will be discussed in the section on public health.

The municipalities have only a very nominal role with respect to hospitals, occasionally being asked to contribute towards the 1/3 of capital costs public general hospitals must raise privately. This has been done in some circumstances by direct grants or by approving a special levy on the local taxpayers for hospital purposes.

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(11) S.O. 1927, C.73.



There have been various mutual involvements between the provincial programs and local government programs or facilities. For example, licensing and standards for swimming pools are a provincial function, but inspection is conducted locally. Many of these pools are operated by either a local parks and recreation department or a Board of Education.

Until 1972, nursing home inspection was a local health department function. This was transferred to the province with the introduction of the extended care plan. Now both the initial approval and licensing of nursing homes and their continuing inspection come under provincial jurisdiction.

Until the development of the District Health Council concept, described later, there has been no organized mechanism for providing local input into many important health services decisions. Decisions relating to such matters as approval of new hospitals or hospital expansions, determination of underserved areas and provincial grants to community health centres have all been made at the provincial level. Many municipal councils have sent delegations to meet the Minister of Health or his representatives to press their views about local needs and concerns with regard to health facilities and services, but these have usually been ad hoc consultations. There has been no on-going input from local municipalities.

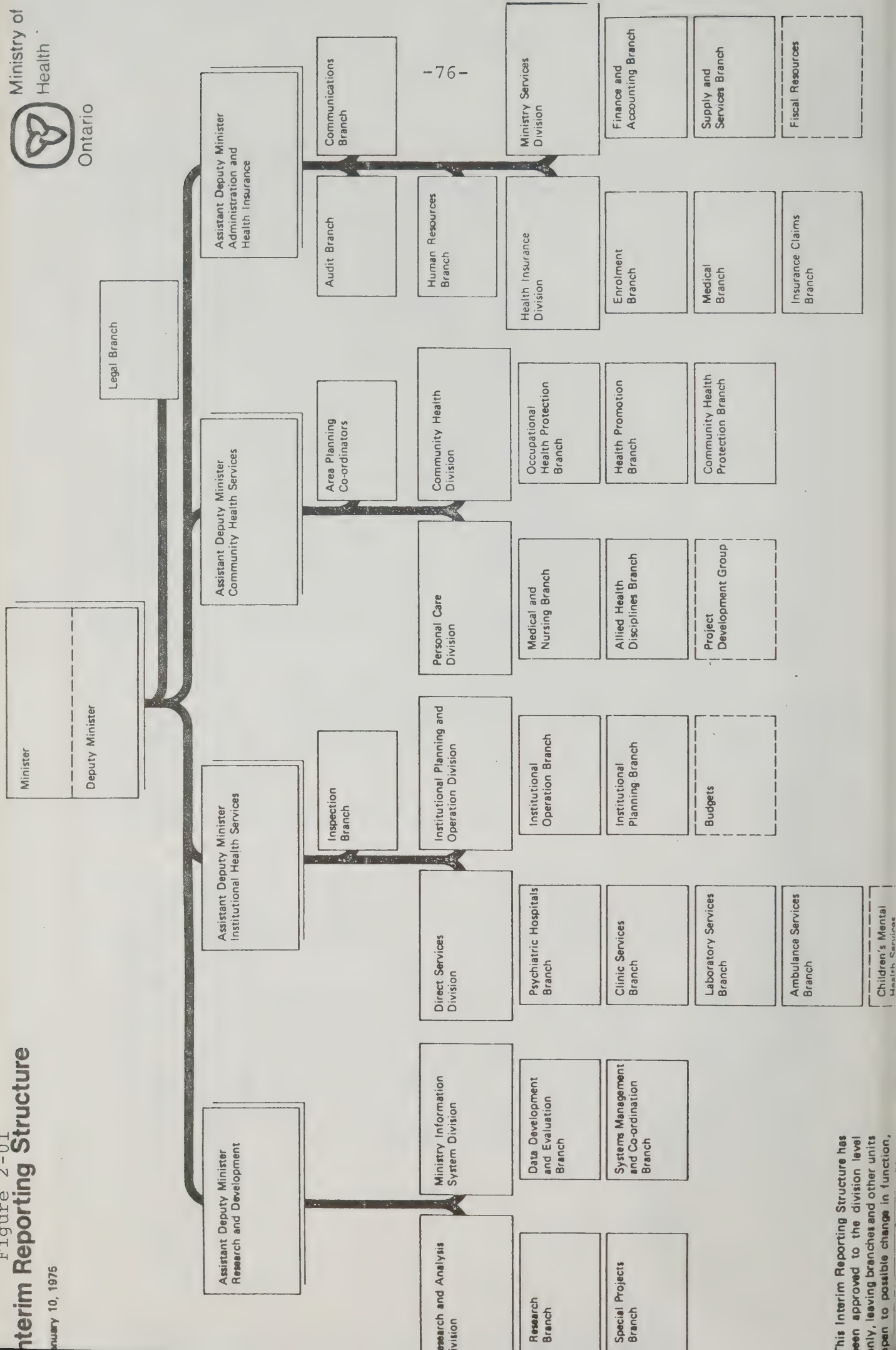
The province has also retained the right to appoint provincial representatives to Boards of Health where they have been organized on a district or unit basis. Within Metro this applies only to the East York Board of Health which, prior to amalgamation with Leaside, had already joined with Leaside to form a health unit and had received provincial grants. The province also approves the appointment of Medical officers of Health in each municipality.

### *Organization & Finance*

The provincial Ministry of Health has been through several reorganizations recently, partially as a result of the studies of the Committee on Government Productivity. In 1975 this resulted in the splitting of the Ministry into three major divisions - Health Standards, Health Services, and Finance and Information Services. In January, 1975, a further reorganization was announced involving four major areas, each under the direction of an assistant deputy minister. (see Figure 2-01) The establishment of an assistant deputy minister for Community Health Services is of interest; his responsibilities will include community health services (public health) as well as area planning co-ordinators, first appointed in 1973.

Figure 2-01  
Interim Reporting Structure

January 10, 1975



This Interim Reporting Structure has been approved to the division level only, leaving branches and other units open to possible change in function, boxes with broken lines indicate

The area planning co-ordinators have assisted in the establishment of District Health Councils in their areas. One of the co-ordinators is responsible for most of central Ontario, including Metro Toronto which has been designated as a district for health planning purposes, although no health council has yet been established.

The Ministry of Health's responsibilities include all facets of health care in Ontario. Of its total expenditures of \$2.19 billion in 1973-1974 more than 50 per cent or \$1.14 billion was for grants, capital and operating costs to hospitals and other health facilities. Approximately \$377 million or 33 per cent was for public hospitals (see Table 2-01). Health insurance was the next highest expenditure. In 1973-74, \$560 million was spent provincially on payments to health care practitioners from the Ontario Health Insurance Plan, 25 per cent of the Health Ministry's budget. Approximately \$185 million or 33 per cent of these health insurance expenditures went to Metro area health practitioners.

While Ontario's general revenues must support the largest part of these costs, contributions from the federal government play a significant role. The third major source of revenue is Ontario Health Insurance Plan premiums.

#### *Provincial Health Expenditures in Metro*

It has been extremely difficult to obtain all the data relating to health expenditures in Metro; there is no central reporting agency or format covering both private and public sector expenditures. Even within the public sector, all costs have not been broken down to correspond with Metro's political boundaries. Based on the information received however, a general indication of these expenditures can be made (see Table 2-02). The overall expenditures in Metro are estimated to be 31.8 per cent of the total Ministry of Health expenditures. This would appear to reflect a fairly equitable allocation of financial resources as 38 per cent of Ontario population resides in Metro

#### *Public Health*

As already indicated, the province has been involved in the provision of public health services since the mid-1830's. However, this was primarily through legislative enactment requiring municipalities to carry out programs with locally-raised funds.

In 1945 the province started a program to improve the capability of the delivery of public health services on a township and county level. This new program was designed



TABLE 2-01

Estimated Expenditures of the Provincial Ministry of Health  
in Metro Toronto in 1973-74

<u>Category</u>	<u>Amount Spent in Metro</u> (thousands of dollars)	<u>Total Provincial Expenditures</u> (dollars)	<u>Amount spent in Metro expressed as per cent of Total Provincial Expenditures</u>
<i>Hospitals</i>			
Grants to Public Hospitals and Boards	\$ 22,665	\$ 40,189	56.3
Operation of Hospitals	346,783	1,064,823	32.5
Grants to Compensate for Municipal Taxation	637	2,421	26.3
Capital Financial Assistance	6,974	33,270	20.0
<i>Ontario Health Insurance Plan</i>			
Physicians and other Practitioners	185,000*	560,478	33.0
<i>Grants to Local Health Agencies under Public Health</i>			
Municipalities in Metro Toronto	2,770	22,838	12.12
<i>Homes for Special Care</i>	3,000*	31,354	9.5
<i>Extended Care Health Insurance Benefits</i>	14,000*	47,698	29.35
<i>Home Care Assistance</i>			
Metropolitan Toronto Home Care Corp.	1,804	6,873	26.24
<i>Grants to Community Health Facilities</i>			
Borough of Scarborough	145	152	95.39
<i>Grants to Community Mental Health Facilities</i>			
Capital	45	1,623	2.7
Operating Hospitals	963	15,139	6.3
Operating, Other (iii)	6,839	29,309	23.3
Grants to Compensate for Municipal Taxation	78	714	10.9
<i>Alcoholism and Drug Abuse Grants in Aid (iii)</i>	92*	472	19.49
<i>Detoxification Centers (iii)</i>	439	1,019	43.08
<i>Health Resources Development Plan</i>			
Operating (iv)	977	4,376	22.32
Capital	7,259	25,260	28.73
<b>Total:</b>	<b>\$ 600,470</b>	<b>\$ 1,888,008</b>	<b>31.80 %</b>
 Population	 2,099,675 (i)	 7,939,000	

Source: Public Accounts 1973-74, and Ontario Ministry of Health.

\* Estimate only; either allocation of amount spent in Metro is not calculated by the Ministry of Health, or it is not done for the complete period.

(i) See Table S-04

(ii) Statistics Canada, 91-201 1973-74

(iii) Grants to some agencies providing services outside Metro are estimated for that portion in Metro.

(iv) Grants to provincial or federal organizations based in Metro not included.

N.B. Other expenditures for research, ambulance services, and some categories, not directly related to services, are not included.



TABLE 2-02

An Estimate of Health Expenditures in Metropolitan Toronto for 1973  
(in thousands of dollars)

<u>Service</u>	<u>Amount</u>
Institutional Care (1)	
Hospitals	\$377,000
Nursing Homes and other	
<i>OHIP</i>	
Payments to physicians and other	
Practitioners (2)	\$185,000
Public Health (3)	
Total of all area municipality	
public health budgets	\$ 13,770
Other provincial expenditures for health	
services in Metro (4)	\$ 20,000
<i>Voluntary Sector, and health practitioners</i>	
<i>not covered by OHIP</i>	n/a
	=====
TOTAL	\$595,770
	=====

(1) Data obtained from the Hospital Council of Metropolitan Toronto; estimate only.

(2) Data received from the Ministry of Health. Available for eight months only; extrapolated for 12 month period.

(3) See Table S-04.

(4) Public Accounts of Ontario. 1973-74; estimate only not including provincially-operated psychiatric hospitals.

to encourage the establishment of local boards of health and full-time medical officers of health (MOH). The grants were made available to rural areas which could combine health services into a local health unit.

In 1955 county health units became entitled to a 50 per cent grant on approved programs. Between 1945 and 1966 some 40 county or joint boards of health, serving 80 per cent of the population were established under the provincial program.

By 1965 it was recognized that some boards were still too small to do the job effectively. A task force was established by the province and the report, completed in 1966, recommended the establishment of district health units each of which would encompass several counties. Twenty-nine districts were recommended, with Metro Toronto being designated as a district health unit.

To encourage the development of this new organization, the province announced in 1967 that provincial grants to the new district health units would be 75 per cent of approved program costs. At the same time, and *for the first time*, grants to city health departments were established at 25 per cent; county health units continued to receive 50 per cent grants from the province.

In addition to providing grants for approved public health programs, the Ministry of Health provides consultation to local boards, establishes guidelines for specific programs and ratios for various categories of personnel involved in public health units on the basis of population.

The development of the law pertaining to public health is also a provincial responsibility. The present *Public Health Act* has been amended many times and there have been plans for the writing of a completely new Act to deal more adequately with current public health requirements. In the meantime, local MOH's have responsibilities under *The Public Health Act* and a wide variety of other Acts. (see list, page 88)

Board of Health budgets, after approval by the Board and local council, are submitted to the Ministry for approval. Until 1971 no ceilings were imposed, the limiting factor being the amount of money that could be provided locally. However, since then the Ministry has imposed specific percentage increases for budgets above which they will not share in costs. In 1974, the increase allowed was seven per cent. The 1975 figures have not yet been announced.

These ceilings have resulted in several problems. By limiting the expansion of programs or establishment of new programs, they have accentuated discrepancies in service that developed before 1972. The staff-population ratios the Ministry will support are based on population figures one year prior to the budget. Thus in rapidly-growing areas there can be a considerable lag in obtaining necessary staff to keep pace with demands from the new population.

In certain circumstances where the Ministry wants to promote a special program, it will provide 100 per cent grants as an incentive. This has been true of family planning programs which are now receiving priority.

Home care programs operated by health units also receive 100 per cent funding. In Metro a separate corporation provides the Home Care Program for Metropolitan Toronto, and the public health units are only involved in providing referrals rather than direct services. All Metro area municipalities have had a public health unit and MOH for some time.

The City of Toronto established a Board of Health in the 1900's but received no provincial grants until 1967. The only area health unit was in East York-Leaside where the two municipalities combined to form a joint health unit and since 1967 East York has received annual grants averaging 33 per cent of approved expenditures.

To date no agreement has been reached by all Metro area municipalities to establish a district health unit and thereby take advantage of the 75 per cent provincial grants. The Goldenberg Report of 1965 recommended that the health officers of each municipality establish a Metropolitan Board of Health Officers to co-ordinate the area municipalities' health programs. This remains one of the major questions with respect to the allocation of functions between Metro and area municipalities.

In 1968, the Minister of Health proposed a Metro District Health Unit with a board composed of representatives of the area municipalities but without any direct Metro representation, since Metro had no responsibility for public health under its Act.

In 1969, the Minister of Health, established a committee representing all Metro area municipalities to look at the possibilities for re-organizing public health services. The Minister suggested the possibility of a two-tier system to overcome the objections to a single health unit held by area municipalities. However, unanimity of all municipalities was one of the requirements before the province would agree to a two-tier system. The provincial position was reaffirmed in 1971.

Another two-tier system proposal suggested Metro be responsible for overall policy and funding; local Boards of Health would be responsible for administration and local concerns. This proposal received almost total agreement in 1972, but the East York Council objected.

A third proposal for a two-tier system was presented in 1973. This plan received support from all Boards of Health but the City of Toronto Council rejected it. The Mayor of Toronto subsequently suggested a two-tier system with direct involvement by a Metro Health Board in funding, developing co-operation among services and budget approval, but without provincial representation on the Metro Health Board. Delivery of health services would remain at the local level and both tiers would have the status of a district health unit for grant purposes.

In yet another proposal suggested by local boards of health in 1973, a two-tier system was recommended, with the Metro-wide health unit composed of representatives from the local boards of health plus one representative from the Metro Council. This would give Metro direct representation on the new district health unit, but the new unit would not be accountable to Metro. Such a proposal would in effect establish a new Metro-wide special purpose body accountable neither to Metro nor to the area municipalities.

There have been other alternatives suggested but none, to date, seem to satisfy the needs of the area municipalities, the local boards of health, Metro Council and the Ministry of Health.

In May, 1975, representatives from each of the local Boards of Health in Metro agreed to form a Metro-wide association. This could be the first step towards increased co-operation and co-ordination of planning and programs among the public health boards.



### *District Health Councils*

In 1972, the Ministry of Health announced its plan to promote the development of District Health Councils across Ontario. The concept has resulted in a great deal of discussion and heated debate about how such councils should operate, to whom they should be responsible, how members should be appointed and what the role of local government in their establishment and operation should be.

From the Ministry's point of view, the councils should ensure that health care planning reflects local needs and should promote the local co-ordination and integration of health services. As the government's role in providing health care funds has escalated rapidly, health councils are perceived as one way to determine funding priorities and hopefully gain some control over health costs, particularly in the institutional care area where the largest expenditures are made.

The Minister of Health, the Hon. Frank Miller said in June 1974, "We think it is necessary to find a new comprehensive health care planning base--not a series of fragmented plans relating to the concerns or needs of one group of facilities, or one group of individuals.... but, instead, one comprehensive plan based on the real needs of the total population of each geographic area."

Some health council objectives would be to:

Identify health needs and consider alternative methods of meeting those needs consistent with provincial guidelines;

Plan a comprehensive health care program and establish short-term priorities consistent with long-term goals; and

Co-ordinate all health activities and ensure a balanced, effective and economical service satisfactory to the people of the district. (12)

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(12) Ministry of Health, *The District Health Council: Action Centre in Ontario's Health Care Delivery*, Toronto, 1974, pg. 5.

There are many varying views about District Health Councils, although the basic concept of local input in health planning and indeed the need for greater emphasis on regional planning for health care services has been endorsed by almost all provincial studies on health in the last five years. These have included the Ontario Council of Health's Report on the Regional Organization of Health Services, the Committee on the Healing Arts in 1970, the Ontario Hospital Association and the Ontario Medical Association in a joint paper issued in 1974 and the Report of the Health Planning Task Force in 1974.

One of the controversial issues involved, however, is how local governments will relate to these health councils and where, for example, local Boards of Health will fit into the new scheme. The Report of the Health Planning Task Force strongly opposed the transfer of such authority and responsibility to regional governments. It stated that, "areas covered by regional governments are not necessarily appropriate areas for planning of local health care." The report recommended that "the Ministry of Health must initially take the lead in and assume responsibility for planning and redirecting the system." (13) The Task Force did not believe that regional governments at this stage of their development, would provide the flexibility or the background necessary to implement the proposed health council system across Ontario.

When the plan for District Health Councils was introduced by the Ministry of Health, some provincial ministries objected to some aspects of the proposals because these did not recognize the possible role local government could and should play in local decision-making about health care. The Ministries were successful then in delaying and requiring the Ministry of Health to reconsider its position on this matter. Today there is still some reluctance with the Ministry of Health to encourage direct involvement in district health councils, although the Minister said, in a press release in June, 1974,

*that "where there is a Regional Municipal Government that wishes to assume the responsibility, a Council may report through this body with the consent of the provincial government."*

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(13) Report of the Health Planning Task Force, Toronto, 1974, pg. 31.

Health councils have been formed in Ottawa and Thunder Bay. In the former case, there is a regional government structure but the health council does not report through it. Instead it reports to the provincial Minister of Health. In Thunder Bay, under a single tier system of municipal government, the health council also reports to the provincial Minister of Health. In the plans being developed in Kitchener-Waterloo, there is a possibility of closer involvement with the regional council. In the Regional Municipality of Sudbury, efforts are being made to develop a community-based health and social service planning structure with a close relationship to the regional council.

The Regional Municipality of York, on Metro's northern boundary, made application to the Minister of Health in July, 1974 "to allow the Council of the Regional Municipality of York to be the responsible body and the District Health Council for the Regional Municipality of York." (14)

There have been only tentative attempts to form a health council in Metro. To date, all appear to have been through the existing hospital councils (see pg. 129) and neither the Metro government nor the area municipalities have been involved. While the Ministry of Health has indicated that a District Health Council in the Metro Toronto area must coincide with Metro's political boundaries, it has not indicated how this would be done, how the Metro government would be involved, or what its relationship to the local Boards of Health would be.

The relationships of local boards of health to district health councils on a province-wide basis have not been firmly determined. In its recommendations, the Health Planning Task Force proposed that boards of health continue to have primary responsibility for environmental health, communicable disease control (other than epidemiology, immunization and treatment), and information programs about matters such as food safety and the public health aspects of the environment. However they suggested that the personal health services now provided by boards of health be transferred to a proposed "primary health care sector" as outlined in the report. These would include public health nursing and health programs in schools.

The Ministry guidelines suggest the membership of District Health Councils include representation from the public health sector, although it is understood the Ministry does not support the MOH's membership on the Council.

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(14) Letter from Garfield Wright, Chairman, Regional Municipality of York, to Hon. Frank Miller, Minister of Health, July 1974, quoting recommendation of York Regional Council at its meeting of July 27, 1974.



Another Ontario Council of Health report published in 1974 dealt with health services in new towns and major developments or redevelopments. It recommended:

*that District Health Councils establish a close working relationship with municipalities and other bodies in the district to ensure that official plans for communities, major amendments to these plans and plans for large subdivisions, and other significant developments or redevelopments are submitted to the District Health Councils for review and approval of health services arrangements. (15)*

It also suggested closer communication among all sectors and levels of government including those between health services and provincial ministries such as TEIGA and the Ministry of Housing.

Now another Ontario Council of Health task force will review the guidelines for District Health Councils. At the request of the Ministry the task force was established in January, 1975. While its original target reporting date was the end of May, it is now expected to complete its work by the fall.

The task force is chaired by John Law, chairman of the University Teaching Hospitals Association in Metro Toronto. It is expected the task force will look specifically at the Metro Toronto situation with respect to a district health council, in addition to considering "*in the context of established government policy ... the basic principles of organization of district health councils.*" This includes boundaries, terms of reference and authority, formation, inter-agency relations, organization and finance. (16)

But beyond a planning council for health matters only, many suggestions have been made that these councils be enlarged to include social services, or indeed the total social policy field.

The Mustard Report recommended that social and community services be involved in the planning of health services to prevent duplication at the local level and make the best possible use of resources. It suggested

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(15) *Health Services for New Towns and Major Developments*, op. cit., p. 9.

(16) Ontario Council of Health, *Terms of Reference, Task Force on District Health Councils*, January 17, 1975.



representation of social services on the District Health Councils' committees. "Ultimately," it stated, "it may be possible to provide for the complete co-ordination of health, community and social services at the district level." (17)

In a paper prepared for the Ontario Ministry of Health the proposed terms of reference for District Health Councils include "work towards co-operation in the social development activities for the district." (18)

The paper also states that membership on such councils could include representation from social agencies; this has been supported by the Ministry in the councils formed to date.

In practice the Ministry has indicated it does not believe that health councils should be broadened to encompass social services at this time, since such a change could detract from the councils' enormous job in dealing with health delivery itself. However, an experimental approach has been approved in the Regional Municipality of Kitchener-Waterloo to work towards a more integrated planning mechanism for the total social policy field.

Certainly discussions about alternative mechanisms for the planning and co-ordination of services in the social policy field have been held in many areas in the province. In the fall of 1974, a conference on the Integration of Social and Health Services in Metropolitan Toronto, sponsored by the Institute of Public Administration, attracted more than 300 people from all types of agencies and levels of government. Obviously there is a lot of interest and concern about this question in Metropolitan Toronto.

In the report "The Service State Emerges in Ontario" Vernon Lang suggested that the social service worker should, along with the health team, "be drawn into some kind of health and welfare district council set up that can begin to give our communities a handle on the totality of services for helping people in difficulties."

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(17) Report of the Health Planning Task Force, op. cit., pg. 32.

(18) The District Health Council: Action Centre, op. cit., pg. 5.

He carried the possibility one step further to suggest "One could even make a case for combining health, welfare and education matters within a single elected community service co-ordination board." (19)

This concept has received little formal attention although increasingly some of the people working in these fields and some consumer groups are reflecting on the alternative that could be presented by reforming local government structures on either a neighbourhood or soft services basis, and the City of Toronto is currently attempting to develop a "neighbourhood services policy."

### *Community Health Centres*

Although community health centres are not a major program in terms of expenditures, they have created considerable interest in the Metropolitan Toronto area as an alternative to the present system of health services delivery.

The concept of community health centres has been promoted by a number of federal and provincial committees including, of course, the Community Health Centre Project Committee in its 1972 report to the Conference of Health Ministers.

In that report, known as the Hasting Report, the community health centres concept was proposed as an organization model that might facilitate the achievement of the objectives of efficiency, accessibility, integration, and accountability.

The definition of a "community health centre" has been varied and no established pattern has emerged; some centres are little more than a group of physicians practising together while others have developed from neighbourhood grassroots groups concerned about health services, who have formed a community board to operate the centre. In addition to physicians' services, they may provide para-medical services, utilize nurse-practitioners and may try to develop new ways to provide health services. (20)

Within the province's very general guidelines for funding community health centres, no one model has been

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(19) Lang, *op. cit.*, pg. 64.

(20) Community Health Centre Project Committee, *The Community Health Centre in Canada*, Report to the Conference of Health Ministers, Ottawa, 1972.

established. Instead, at this point, the Ministry has indicated it wishes to have a flexible approach.

But considerable controversy has arisen over the fairly rapid development of such centres. Once established, they are funded on a budgetary basis by the Ministry of Health. But start up funds are not allowed for community groups in establishing the service required before provincial funds are available and this has been one of the major difficulties experienced by groups wishing to establish a centre.

Funds are not allocated for para-medical personnel nor to nurse practitioners, although these people are expected to be part of the centre. Instead, in some cases, the centre has used part of the funds provided to employ physicians, paid the physician less than the full amount and used the remainder to employ other health personnel.

Eventually the Ministry expects the centres to go onto a per capita funding base. That means they would be allowed a certain amount of money for each person to whom they provide primary health care. There are many problems with this approach, but if these can be dealt with, it is seen as a way of rewarding centres for efficiency and encouraging prevention and less costly ways of providing health services.

The Health Planning Task Force of 1974 did not foresee the development of community health centres as an immediate solution to the problem of providing primary care services. (21) There has been some discontent recently among some physicians who see both the centres' funding arrangements and consumer control as a threat to the physicians' traditional role in the delivery of health services.

There are eight community health centres in Metro Toronto now, under agreement with the Ministry of Health. Several others are in the developmental stages. These are shown on Figure 2-02.

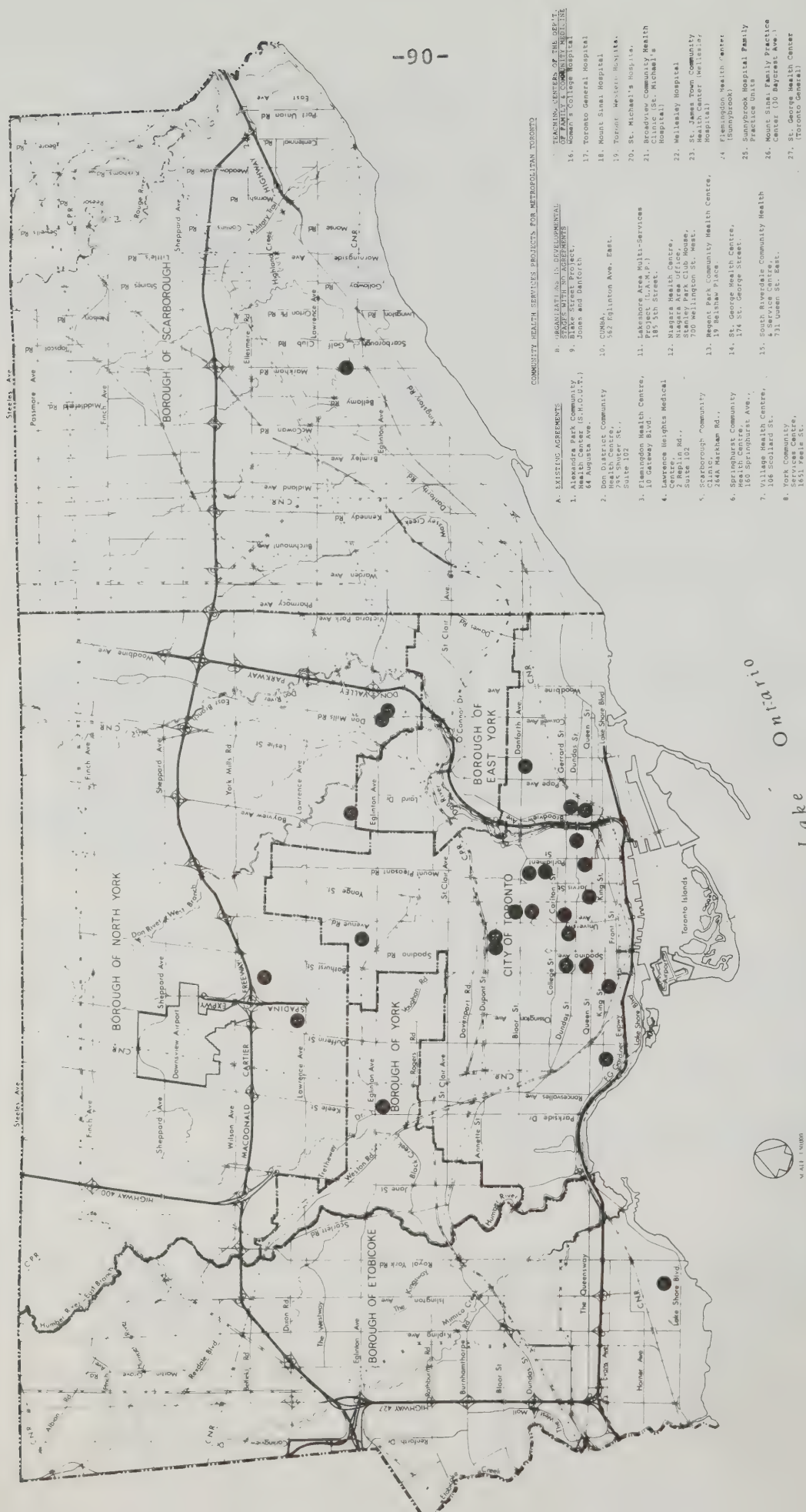
Although the Ministry considers municipalities to be one of the possible groups to operate such centres, none of the area municipalities in Metro nor Metro itself has yet become involved in this way.

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(21) *Report of the Health Planning Task Force, op. cit.,* pg. 15.



Figure 2-02



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COMMUNITY HEALTH SERVICES PROJECTS FOR METROPOLITAN TORONTO

- A. EXISTING AGREEMENTS**
1. Alexander Park Community Health Centre, 64 Augusta Ave., (W. 47 St.)
  2. Don District Community Health Centre, 562 Eglinton Ave. East, Suite 102
  3. Pinnerdon Health Centre, 10 Gateway Blvd.
  4. Lawrence Heights Medical Centre, 1000 St. Clair Ave. East, Suite 102
  5. Scarborough Community Clinic, 244 Markham Rd.
  6. Springhurst Community Health Centre, 160 Springhurst Ave., 106 Soudard St.
  7. York Community Services Centre, 1001 Leslie St.
- B. ORGANIZING AND DEVELOPMENTAL PROJECTS WITH NO AGREEMENTS**
9. Black Street Project, 64 Augusta Ave., (W. 47 St.)
  10. CNRA, 562 Eglinton Ave. East, Suite 102
  11. Lakeshore Area Multi-Services Project (L.A.M.S.P.), 185 5th Street
  12. Niagara Health Centre, 1000 St. Clair Ave. East, Suite 102
  13. Revere Park Community Health Centre, 190 Denison St.
  14. 574 St. George Street
  15. South Riverside Community Health Services Centre, 731 Queen St. East
  16. St. Michael's Hospital, 21. Broadview Community Health Hospital, 1000 St. Clair Ave. East
  17. Toronto General Hospital, 17. Toronto General Hospital
  18. Mount Sinai Hospital, 18. Mount Sinai Hospital
  19. Toronto Western Hospital, 19. Toronto Western Hospital
  20. St. Michael's Hospital, 20. St. Michael's Hospital
  21. Broadview Community Health Hospital, 1000 St. Clair Ave. East
  22. Wellesley Hospital, 22. Wellesley Hospital
  23. St. James Town Community Health Centre (Wellesley Hospital), 23. St. James Town Community Health Centre (Wellesley Hospital)
  24. Flemingdon Health Centre (Lansdowne), 24. Flemingdon Health Centre (Lansdowne)
  25. Sunnybrook Hospital Family Practice Unit, 25. Sunnybrook Hospital Family Practice Unit
  26. Mount Sinai Family Practice Centre, 1000 St. Clair Ave. East
  27. St. George Health Centre (Toronto General), 27. St. George Health Centre (Toronto General)

SOURCE: Compiled from data supplied by the Ministry of Health and Hospital Council of Metropolitan Toronto, 1975.



However, the Neighbourhood Planning Division of the City of Toronto Planning Board is actively involved with a number of groups, assisting them with applications and negotiations to establish centres on a neighbourhood basis. The City's Health Care Planner provides consultative services to such groups. The Public Health Units in some cases attach public health nurses to the centres as part of their liaison nursing programs. The Don District Health Centre has two public health nurses working under this arrangement.

As a result of recent incidents over the uncertainty of the Ministry of Health's continued financial support of these centres, centre representatives from Metro and beyond are now forming an Association of Community Health Centres of Ontario to present a stronger voice to the provincial government and to have a greater say in policies affecting them.

#### The Social Development Policy Field

The Social Development Policy Field was established in 1972 following recommendations of the provincial Committee on Government Productivity. This includes the Ministries of Health, Community and Social Services, Education, Colleges and Universities, Culture and Recreation, and the Social Development Policy Secretariat.

The Provincial Secretary for Social Development heads a Cabinet committee of the ministers from each of the ministries involved. This committee is responsible for the development and co-ordination of policy recommendations within the Social Development Policy Field. It also reviews each ministry's annual budget, before submission to Management Board, (a cabinet financial committee) and attempts to establish spending priorities between the ministries involved.

The Secretariat is not involved in direct services, but several advisory committees on special inter-ministerial areas of concern have been established, including one on the handicapped. Several years ago committees operating under Secretarial auspices reviewed provincial involvement in services to the mentally retarded and recommended the transfer of these functions and services from the Ministry of Health to the Ministry of Community and Social Services; the transfer involved about 7,000 employees and was carried out in 1974.

The Social Development Policy Field has not yet made any visible major attempts to integrate or rationalize the total social development field, having had to spend most of its efforts on specific issues and programs crossing ministerial areas of interest. The review of inter-governmental relationships in the social policy area,

particularly between provincial and local governments, has not yet been publicly highlighted as a major area of concern. As far as local governments are concerned, their major contacts are with the individual ministries rather than with the Social Development Policy Field.

#### HEALTH SERVICES AT THE LOCAL LEVEL

The provision of health services within Metro Toronto can be divided into four major categories:

- . Public health services
- . Institutional health care
- . Private health practitioners' services
- . Voluntary agencies and consumer organizations

In terms of expenditures already outlined, the largest amounts are spent providing institutional care, primarily through hospitals, nursing homes and mental health facilities.

Private practitioners' services are the second most expensive part of the network. Although most of these are now covered under the provincial health insurance program, some practitioners' services are either not included or only partially covered in the program. The most important is dentistry, although psychologists, chiropodists, remedial gymnasts and remedial masseurs are also excluded from OHIP. The services of physiotherapists in private practice are not always fully included, nor are those of chiropractors and optometrists.

Area municipalities govern the public health sector. Charges are sometimes made for certain services but the majority are free. In terms of total health expenditures, however, public health services are only a minor portion (See Table 2-02).

#### Voluntary Sector

The voluntary sector in the health services field is relatively small in terms of expenditures, but it does play an important role in the provision of special services, health research and the development of innovative services.

There are a large number of provincial and national head offices of voluntary health agencies in Metro, such as the Canadian National Institute for the Blind, the Canadian Cancer Society, the Canadian Hearing Society and many others. These agencies obtain some of their funds from the various levels of governments and from a wide variety of private sources including United Way appeals, annual campaigns, donations from industry and labour, and special fund-raising activities.

Most operate under the auspices of elected boards that are in charge of policy and programs, although the provincial or federal government may also have an input in policy decisions if it provides funds.

The area municipalities are empowered to give grants to organizations for the general advantage of their constituents. Most of these grants are for organizations providing social services or cultural activities but a few health groups receive funds usually either for start-up funds, innovative programs or special projects.

For example, in 1973 the City of Toronto granted \$21,369 out of a total of \$621,522 in special grants to five organizations operating primarily in the health field.

Another segment of the voluntary sector is beginning to emerge in the provision of health services. Neighbourhood groups, which until now were primarily concerned with the provision of hard services and planning at the local level, recently have become interested and involved in the planning for and provision of human services.

The development of community health centres by community groups has been part of this trend as local groups, particularly in the older parts of the city, become more concerned about the lack of health services in their areas.

In a recent report to the Toronto Planning Board on the South of Carlton area in downtown Toronto, the area was described as having a death rate (including suicides and homicides) three times that of the City as a whole, reflecting one of the worst standards of general health in the City. (22)

The City is now studying the development of a neighborhood services policy to include health services in an integrated delivery system of all neighborhood services. (23) At the same time, the City is developing an innovative approach in the planning of the new St. Lawrence neighborhood, 44 acres of land to be redeveloped for residential use in the heart of central Toronto.

Health services have been identified as an important component in the planning process in this locality and a recent project status report identifies the major goal for health care planning in St. Lawrence as the integration of health services with health related and more general social services of the area and beyond. (24)

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(22) *Toronto Star*, April 15, 1975

(23) See Chapter 4, pp. 141-142.

(24) City of Toronto, *St. Lawrence Status Report and Development Strategy*, pg. 104.



Representatives of ratepayers' organizations in adjacent areas have been included in a special working group to advise City Council about total planning for the area. It is hoped that as housing is constructed, the residents of the new neighborhood will take over their places on the group and provide continuing local involvement in all aspects of planning, including health planning.

## PUBLIC HEALTH

### Introduction

Public health in Ontario dates back to 1834 when the City of Toronto established a Local Board of Health to protect the community against disease. Throughout the 19th century the Board held a wide range of responsibilities, and by the early 20th century laid claim to an impressive definition set out by Dr. C.E.A. Winslow, who defined public health as:

*the science and the art of preventing disease; prolonging life, and promoting physical and mental health and efficiency through organized community efforts for the sanitation of the environment; the control of community infections; the education of the individual in principles of personal hygiene; the organization of the medical and nursing service in the early diagnosis and preventive treatment of disease; and the development of the social machinery which will ensure to every individual in the community a standard of life adequate for the maintenance of health. (25)*

In 1923 the Ontario Department of Health came into existence; it assumed overall responsibility for health in the province but continued to delegate authority in matters of public health to local municipalities.

Local Boards' responsibilities now embrace a vast array of services and programs designed to prevent disease and improve the community's health standards. Local programs to safeguard community health are concerned with the improvement of maternal and child health, school health, family planning, dental health, mental health, environmental protection to ensure safe water, milk and other foods, prevention and control of infectious diseases, health education and counselling, nutrition and registration of vital statistics. Additional specialized services available in some larger health departments include rehabilitation, psychiatric services, and occupational health programs. Local health departments sometimes also join with the province in emergency health programs, measures to control pollution, and other programs.

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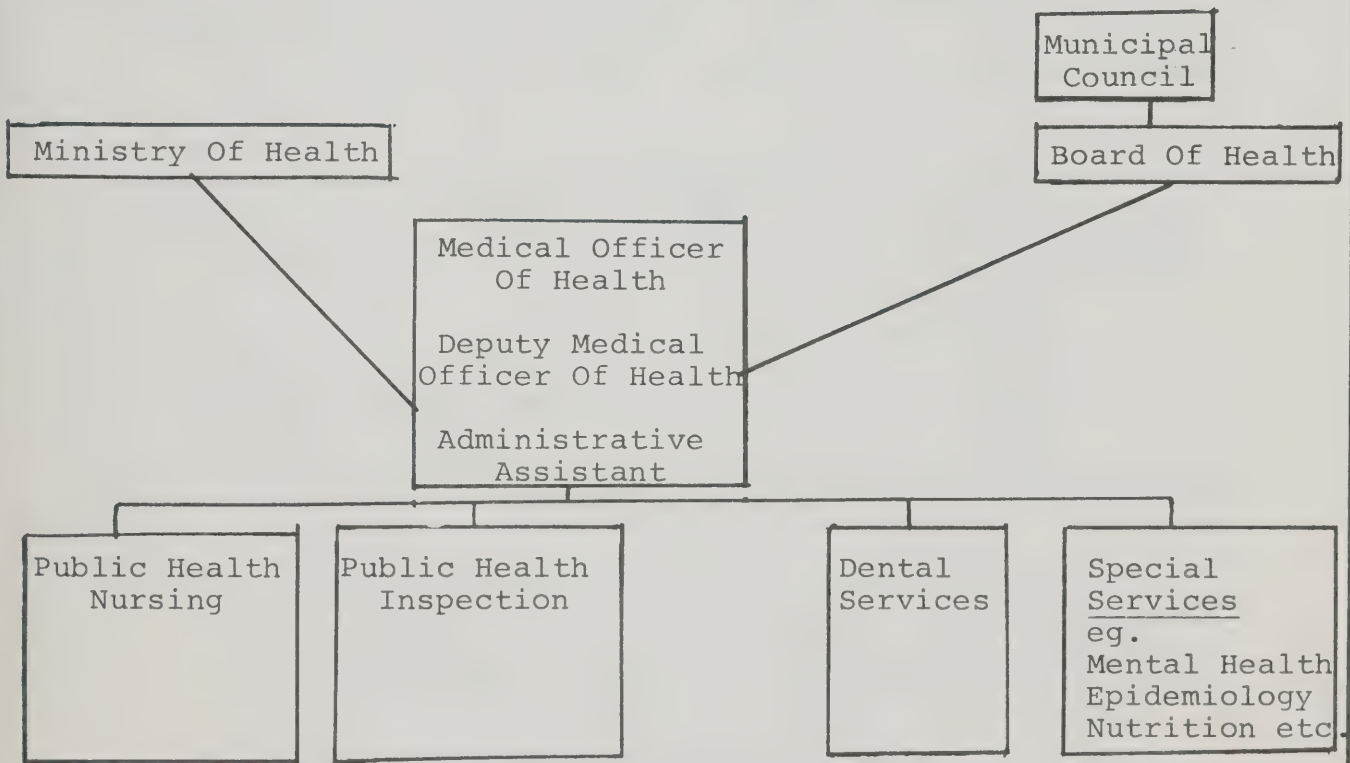
(25) Cited from a brief prepared by the Special Committee on Local Health Services appointed to the Deputy Minister of Health entitled, *Local Health Service in Ontario: A Preliminary Study*, September 1966, pg. 1.



Public Health Departments Organization

Public health programs are delivered to Metro residents through local health departments in the area municipalities of East York, Etobicoke, North York, Scarborough and York, and the City of Toronto. Under the authority of the *Public Health Act* and Regulations, each is responsible for ensuring that effective and progressive public health services are provided in its own area. Each Board of Health is composed of local citizens and elected officials with a full-time Medical Officer of Health (MOH) as its executive officer. Public health nurses, public health inspectors, public health dentists, and other health professionals carry out the unit's numerous and varied activities. Figure 2-03 illustrates the typical organization of public health services at the local level.

Figure 2-03  
Typical Organization of Area Municipality  
Public Health Department



Source: Adapted from reports of the Public Health Departments in Metro Toronto.

This is the general pattern but there are some variations in the organization of individual health departments in Metro.

As the largest department in the Metro area, the City of Toronto's Department of Public Health has seven divisions:

- Administration Services
- Medical Services
- Public Health Nursing
- Mental Health
- Communicable Disease Control and Epidemiology
- Food Control and Sanitation
- Dental Services

Medical services here refers to the full-time physicians who provide medical supervision in relation to school health services, employee examinations, City Hall vaccination clinic, staffing of child health centres, etc.

Although some area municipality departments have additional physicians on staff, particularly for school health services, no other department has this separate division of services. East York's Health Unit is the only other besides Toronto with a separate division of service for epidemiology (a reflection of the particular interest of its MOH).

The Etobicoke Community Health Department designates a Co-ordinator of School Health Services as distinct from its nursing division, and is the only area municipality to indicate a consultant to the handicapped on its organizational chart.

In North York's Department of Public Health, a division of school health assistants is responsible for selected school health services, while programs such as venereal disease control, audiometry and family planning are the direct responsibility of the MOH and his associate. North York also has a separate division for its child advocacy project which will be described later.

The only difference in the organization of service in Scarborough's Department of Health is that clinics for family planning, venereal disease, tuberculosis, are the direct responsibility of the MOH and his deputy.

The York Department has an additional category of psychiatric services since it operates the York Child and Family Psychiatric Clinic.

TABLE 2-03

Public Health Department Expenditures, 1973-1975

	ACTUAL 1973	APPROVED 1974	ACTUAL 1974	ESTIMATED
City of Toronto	\$6,303,285	\$7,152,516	\$7,222,281	\$9,200,000
East York	505,044	575,375		
Etobicoke	1,433,786	1,703,212	1,624,226	1,959,425
North York	2,816,687	3,371,822	3,194,987	3,529,530
Scarborough	1,575,104	1,893,369	1,833,941*	2,417,687
York	\$ 999,217	\$1,164,560	\$1,121,141	\$1,274,879

\*Anticipated

\*\*Includes York Psychiatric Clinic

Sources: Information provided by the Public Health  
Departments in Metro Toronto

Public Health Legislation

The best way to describe the wide range of concerns for which the Public Health Departments are responsible is simply to list the legislation involved. In addition to *The Public Health Act and Regulations*, they include the following:

- The Ambulance Act
- The Animals for Research Act
- The Bread Sales Act
- The Cemeteries Act
- The Charitable Institutions Act  
and Regulations
- The Children's Mental Health  
Centers Act and Regulations
- The Chiropody Act
- The Day Nurseries Act
- The Dentistry Act and By-Laws
- The Drugless Practitioners Act
- The Embalmer and Funeral Directors  
Act and Regulations

The Environmental Protection Act  
The Fish Inspection Act  
The Homes for Special Care Act  
The Hypnosis Act  
The Industrial Safety Act  
The Landlord and Tenant Act  
The Meat Inspection Act  
The Mental Health Act  
The Medical Act  
The Milk Act and Regulations  
The Ministry of Health Act  
The Municipal Act  
The Municipal Health Services Act  
The Nursing Homes Act  
The Ontario Water Resources Act  
The Pesticides Act and Regulations  
The Sanatoria for Consumptives  
Act and Regulations  
The Silicosis Act and Regulations  
The Tourism Act  
The Upholstered and Stuffed  
Articles Act  
The Venereal Disease Act  
The Vital Statistics Act  
The Vocational Rehabilitation Act  
The Workmen's Compensation Act

Typical by-laws enforced by public health inspectors  
either by inspection, licensing, or supervision:

Food Stuffs Establishments  
Transient Traders and Others  
Licence Pedlars  
Licence Butchers and Persons Who Sell Meat  
Milk Vendors  
Bake Shops  
Licence Barber Shops  
Licence Hair Dressing Establishments  
Laundries  
Dry Cleaning Establishments  
Pet Shops  
Salvage Yards and Second-Hand Dealers  
Public Halls  
Trailer Camps  
Lodging Houses  
Private Waste Disposal  
Licence Drain Layers  
Requiring Sewer Connections  
Collection of Garbage and Refuse  
Maintenance of Heat in Rented Dwellings  
Keeping of Animals  
Regulate the Keeping of Pigeons  
Fencing of Swimming Pools  
Storage of Refrigerators



### Boards of Health

Boards of Health are composed of municipal residents and elected officials. In some area municipalities the Mayor is an active Board member or holds an *ex-officio* status. A chairman is elected by the members and presides at all Board meetings. (see Table 2-04)

There is a difference of opinion among the Metro MOH's on the question of whether they may sit on the voting board. Some do sit on their Board of Health and vote on matters where they feel it is appropriate; others, citing sections of *The Public Health Act* and directives from the Ministry of Health, function as executive consultants to their Boards.

The local council appoints Board of Health members for a one-year term of office; the appointments are often renewed but this is not always the case. Therefore in any one year the majority of Board members might have to take time to become familiar with the public health field.

The Board of Health's major responsibilities include approval of the budget, establishment or approval of overall policies and priorities that guide service delivery and review of salary scales and personnel policies (where these are not determined by the municipality).

Board members are also expected to play an important role in representing their health department in community affairs and help develop community understanding and support for the department's services.

### *The Medical Officer of Health*

The MOH is appointed by the Board of Health subject to approval by the Minister. As the Board's executive officer, the MOH is responsible for promotion and protection of public health and for keeping Board members informed on health matters. He also implements the Board's directives and manages the activities of his Department effectively. His authority to fulfill these tasks is derived from *The Public Health Act* and regulations. The MOH's specific responsibilities include the following:

1. To analyse community health problems.
2. To identify needs for health protection services and gaps in such services in consultation with the senior health unit or health department staff.

TABLE 2-04

The Composition of Metro Area Boards of Health for 1975

<i>City of Toronto</i>	The Mayor or his nominee 2 aldermen 1 representative of the Toronto Academy of Medicine 1 representative of the Metropolitan Separate School Board 1 representative of the Toronto Board of Education 2 residents
<i>Borough of Etobicoke</i>	The Mayor 1 controller 2 aldermen 5 residents The Medical Officer of Health
<i>Borough of East York</i>	1 provincially-appointed representative 2 aldermen 1 representative of the East York Board of Education 3 residents
<i>Borough of North York</i>	The Mayor 2 controllers 1 alderman 5 residents (1 representative of east end residents) (1 representative of west end residents) (1 representative of professional groups) (2 other residents)
<i>Borough of Scarborough</i>	The Mayor 2 aldermen 6 residents The Medical Officer of Health
<i>Borough of York</i>	3 aldermen 3 residents The Medical Officer of Health

3. To review programs and services outlined by the Ministry of Health and consider means of local implementation.
4. To recommend health protection objectives, programs, services and priorities to the Board.
5. To plan and implement programs and services as approved by the Board, in collaboration with senior staff members.
6. To attend all Board meetings and those of its committees and submit regular and special reports as required.
7. To periodically evaluate the effectiveness, efficiency, and economical delivery of health unit or health department services.
8. To promote the co-ordination of community health services by developing close personal working relationships with the medical and allied professions, hospitals, and voluntary health agencies.

In large health departments the MOH is assisted in these duties by one or more deputies and an administrative assistant.

The six Metro MOH's meet on a monthly basis to discuss policies and mutual concerns. There is also informal contact as the need arises when one department's activities overlap another's boundaries.

### *Staffing*

The Ministry of Health recently issued guidelines that estimate the desirable staff-to-population ratios for different members of the public health team. For departments in Southern Ontario, the suggested ratios are:

All nursing staff	-	1 :	3,400
All inspection staff	-	1 :	12,000
Dental hygienists	-	1 :	50,000
Preventive dental assistants	-	1 :	100,000
Dental assistant (recorder)	-	1 :	100,000
Nutritionist	-	1 :	100,000

The number of clerks required was suggested at 1 to every 4 professional staff.

Various MOH's have pointed out that desirable ratios are affected by the demographic characteristics of the population

served. Ratios may be adequate for a suburban population, excessive for a regional municipality with a large rural population, and inadequate for a highly-urbanized centre. The City of Toronto, for example, has a higher ratio of inspectors than suggested but has 60 per cent of the restaurants in Metro. Similarly, the City has a much higher concentration of venereal disease cases and carries a heavy load of tracing contacts.

In other staffing areas, several departments are experiencing difficulty in recruiting dental hygienists at the approved salary scale and many describe themselves as understaffed with respect to clerks. A report published in July, 1974 by the Ministry of Health outlined the ratios of nurses and inspectors in departments throughout Metro. (see Table 2-05)

TABLE 2-05

Ratios of Public Health Nurses and Inspectors  
to Population by Area Municipality

<u>Health Department</u>	<u>Population</u>	<u>Nurses</u>		<u>Inspectors</u>	
		<u>No.</u>	<u>Ratio</u>	<u>No.</u>	<u>Ratio</u>
<i>City of Toronto</i>	676,363	254	1:2663	62	1:10,909
<i>East York</i>	105,340	30	1:3511	4	1:26,335
<i>Etobicoke</i>	286,106	66	1:4335	14	1:20,436
<i>North York</i>	527,564	91	1:5797	18	1:29,309
<i>Scarborough</i>	362,005	96	1:3771	13	1:27,846
<i>York</i>	142,297	42	1:3388	5	1:28,459
<i>Provincial Guidelines</i>			1:3400		1:12,000

Source: Ontario Ministry of Health, 1975 and  
Jarrett, Goold & Elliot, *op.*, *Cit.*

Services

*Organization of Services by Districts*

In some departments the area served by Public Health workers



is divided into districts based on population or, alternatively, "demand for service" where this differs considerably from one section to another. Others have assigned nurses to teams, sometimes related to a Board of Education's concept of a family of elementary schools centered around a secondary school.

The City of Toronto and the Borough of North York have district offices within the total area they serve. These are usually described as administrative units rather than primary service outlets since the major public health outlets in which public health services are delivered are schools, clinics, hospitals, restaurants, industry and homes the nurses visit. Service maps of each department are presented in following sections of the report.

#### *Overlap of Service Boundaries*

Since public health concerns do not necessarily stop at a municipality's geographic boundaries there is considerable contact between departments in adjoining areas. The mobility of families, for example, necessitates the exchange of the health records of school children. Differences in record-keeping methods pose some difficulties here. Some area municipalities use a computer system (CASH) developed by the Ministry of Health, while the City of Toronto has its own public health statistics storage system.

Epidemiology programs such as the follow-up of tuberculosis and venereal disease contacts also require co-operation between health departments, and in the view of some MOH's, would benefit from a more standardized approach across Metro.

Metro area municipalities adjoining the new Regional Municipalities of Peel, York and Durham have some contact with health departments there. For example, Scarborough and Durham have recently co-operated in a rabies control program and are involved in off-site contingency planning around the Pickering nuclear plant.

#### Public Health Nursing Services

Public health nursing encompasses the knowledge and skills of professional nursing and public health philosophy and methods. Essentially it is social action providing mental, physical and social health services on a family-centered basis for individuals and groups in their usual environments of home, school and work.

The public health nurse (PHN) functions as a member of the health team because it is recognized that effective community health programs require the co-ordinated services of health and allied workers. In their daily activities, the PHN's are

concerned with the promotion of health, the prevention of disease and care of the sick and disabled. The ultimate goal of public health nursing is to contribute to the community's health.

Services carried out by PHN's are generally of three types: maternal and child health services; school health services; adult health services.

#### *Maternal and Child Health Services*

One of the cornerstones of public health nursing is services directed to mothers during pregnancy and after childbirth. Pre-natal home visits, hospital visits to mothers of newborns, and post-natal visits are part of this total package of services. The emphasis now is increasingly on the pre-natal classes program. It is so popular it is now organized on a Metro-wide basis through the Metropolitan Toronto Pre-natal Education Committee but is delivered at the area municipality level. Changing family roles are reflected in the growing demand for couples' classes rather than for mothers only. Similarly, well-baby clinics or child health centres as they are now called, once operative in many locations throughout Metro, are being phased out as a result of declining demand presumably being met by the family physician since the introduction of OHIP.

With the increase in day care and day nursery facilities that accompanied women's increased entry into the labour force, PHN's are seeing more pre-school children in that type of setting.

#### *School Health Services*

School health services are the second part of the continuum of health supervision that begins in the pre-natal care of mothers and continues through adult life. At one time the school nurse's major activities centered on the control of communicable diseases, physical examinations, and first aid. Over the years there has been a gradual shift of concern to the needs of individual children.

Programs now part of school health services begin with pre-school registration in which children are assessed before they start school. Other programs include conferences with teachers, parents and children, counselling and education, immunization and screening for visual and hearing difficulties.

In line with the PHN's concern with the family as a unit, part of the school health service is involved in home visiting.

Special attention is usually given in secondary schools to counselling and education. Family planning is increasingly a part of this program. In the experience of some public health professionals, these changes in the role of the school nurses are not universally welcomed by education officials.

### *Adult Health Services*

Liaison nursing services in which PHN's are attached to hospitals, clinics, and community health centres (as well as to physicians in group practice) constitute a growing trend in most areas of Metro. In the case of some treatment settings serving more than one area municipality, such as the Family Practice Unit of Sunnybrook Hospital, PHN's from several health departments are involved in the liaison nursing program.

The assignment of nurses to psychiatric hospitals, or psychiatric departments of general hospitals, is described separately as a mental health program by some departments while others include mental health counselling as part of the home visiting program. Mental health programs usually involve early detection, referral, liaison between hospital and community, support of the family and follow-up care after discharge.

In home care programs, home nursing care is provided in conjunction with services provided by visiting homemakers, therapists, physicians, or other members of the health team.

One of the most significant trends in public health nursing programs is the development of services to the elderly. As senior citizens represent a growing proportion of the population, nurses are being attached to clinics in senior citizens' housing units and centres. This age group also requires considerable time in home visits.

Other programs carried out by PHN's in some departments relate to communicable disease case-finding, education and follow-up of contacts.

Finally, in the field of adult health services, family planning clinics are offered by most health departments. Recent guidelines from the Ministry of Health encourage further expansion of this service through the promise of additional funding.





*City of Toronto Department  
of Public Health*

#### Public Health Nursing Districts

- |     |               |                          |
|-----|---------------|--------------------------|
| (1) | North Toronto | - 641 Eglinton Avenue W. |
| (2) | Hillcrest     | - 352 Christie Street    |
| (3) | Runnymede     | - 358 Keele Street       |
| (4) | Parkdale      | - 1115 Queen Street W.   |
| (5) | University    | - 511 Richmond Street W. |
| (6) | Moss Park     | - 430 Broadview Avenue   |
| (7) | Riverdale     |                          |
| (8) | East End      | - 1631 Queen Street E.   |

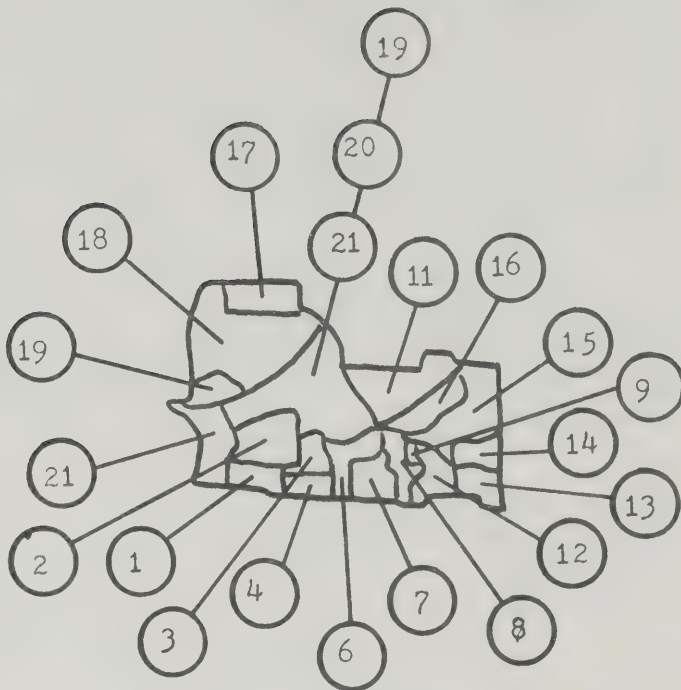
In the *City of Toronto* the trend toward the provision of health services at the local community level - in community health centres and clinics - has resulted in increased service by PHN's. For example, during 1973, Toronto nurses were attached to a total of 10 such settings, in addition to full-time service in eight general hospitals.

The Department has experienced an expansion in home visiting services to the elderly but a decline in the demand for services for senior citizens' centres. The importance given to lead contamination in Toronto resulted in an increased number of visits to families in the areas affected. Blood level testing required numerous home visits to interpret need for follow-up on elevated blood lead levels and to gather epidemiological data. Child health centres continue to be operated in the City but are experiencing a gradual decline in popularity while services to day nurseries and play schools are mounting.



Borough of East York  
Health Unit

Public Health Nursing  
Districts (Assigned to  
Individual Nurses)  
(One Team serves  
Flemingdon Park 19,20,21)

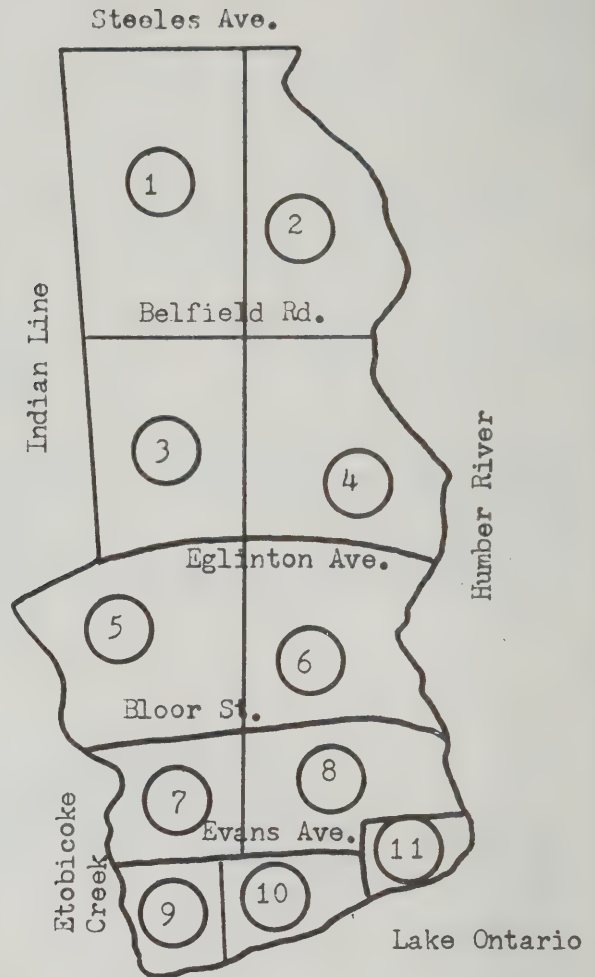


In the *East York* Health Unit, referrals are obtained from the obstetrical department of Toronto East General Hospital, and attempts are being made to extend this service to the pediatric department. A further program with this hospital involves a nurse in the out-patient department with service extended to the emergency department. In other liaison nursing activities, nurses are involved in the Flemingdon Park Family Practice Unit and a group practice of physicians in East York. In its plans for the current year, the public health nursing division intends to administer the Denver Developmental Screening Test to selected children entering kindergarten. This test, increasingly used by various health departments in Ontario, examines motor skills, language ability and social development. It is usually employed with children between one and four years of age.

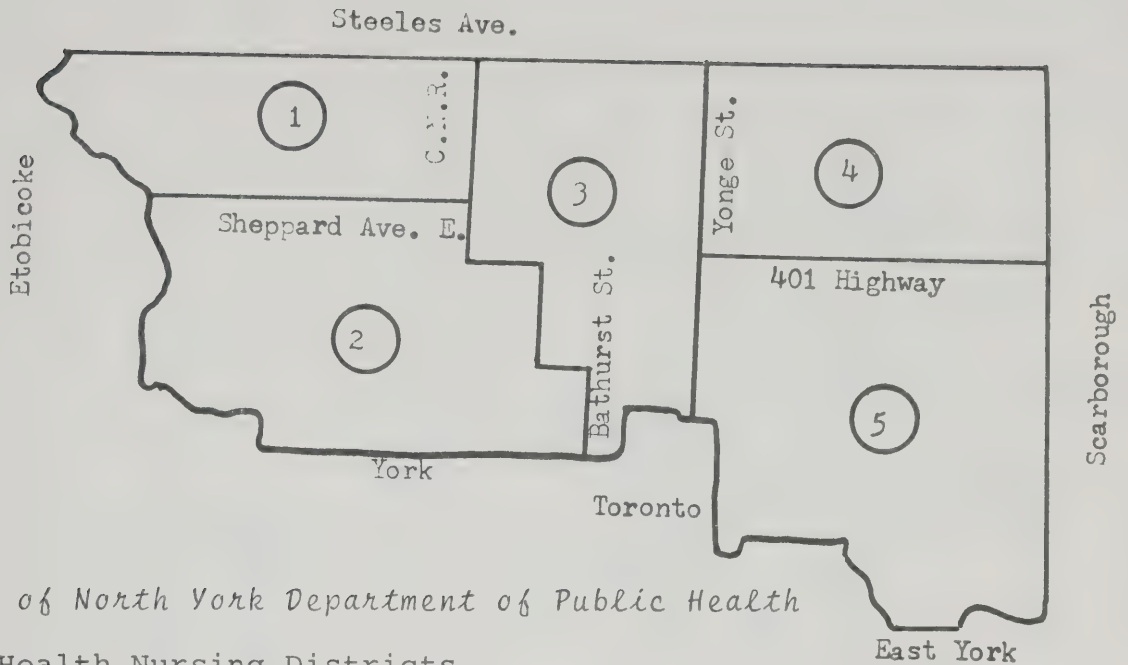
The unit also plans an assessment clinic for a senior citizens apartment building.

Borough of Etobicoke  
Department of Community Health

Public Health Nursing Districts



Etobicoke is currently experimenting with nursing teams (in some sections of the Borough) rather than the districts indicated on the map. School health services, which represent over 60 per cent of the total nursing time in Etobicoke, begin with the pre-school registration program. Vision screening is done annually by a registered nursing assistant or registered nurse, thus freeing the PHN for other assignments. In secondary schools, a team approach is used involving school and health personnel. An extensive program of liaison nursing is conducted in Etobicoke with Queensway Doctor's Building, senior citizens' housing units, Etobicoke General Hospital, Thistletown Regional Centre and Lakeshore Psychiatric Hospital. As elsewhere throughout Metro, child health centres had decreased in Etobicoke to two by the end of 1973. Nurses were supervising health services in a growing number of day care centres and nursery schools.

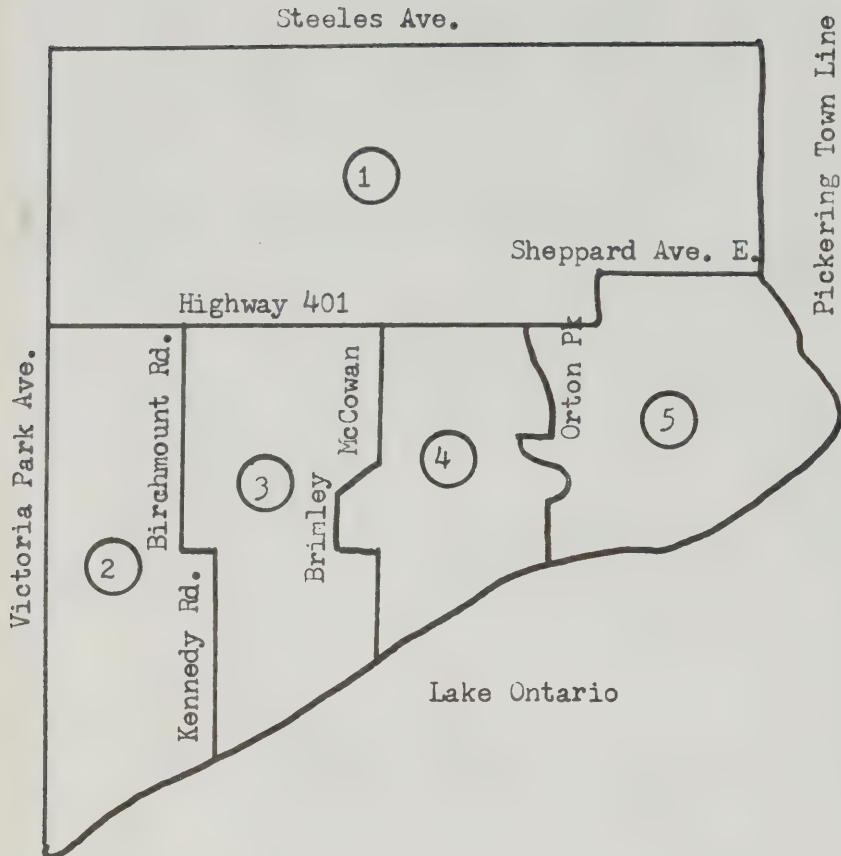


*Borough of North York Department of Public Health*

Public Health Nursing Districts

- |                         |   |                     |
|-------------------------|---|---------------------|
| (1) West Office (North) | } | - 2780 Jane Street  |
| (2) West Office (South) |   |                     |
| (3) Willowdale          |   | - 5000 Yonge Street |
| (4) Fairview (North)    | } | - Fairview Mall     |
| (5) Fairview (South)    |   |                     |

According to the Department's Annual Report for 1974, North York offers the largest number of prenatal classes in Metro Toronto with 20 classes in progress in the Borough every week. As part of the home visits to new infants program, criteria have been developed to evaluate children with potential learning difficulties for follow-up Denver Screening. Visits to nursery schools and day care centres are increasing and Metro day care centres in the Borough are visited weekly. In their school health program the Department notes a downward trend in requests for physical examinations by school health physicians as family physicians fill this role. Services to adults are increasing in North York, particularly to senior citizens. The majority of requests for home care, for example, are from this older age group. In the liaison nursing program, PHN's are assigned to the Sunnybrook Family Practice Department, the new medical clinic in Lawrence Park, to Humber Memorial Psychiatric Hospital Psychiatric Department, and the Lakeshore Psychiatric Clinic. Programs for persons with alcohol problems are offered at York-Finch Hospital.



Borough of Scarborough  
Department of Public Health

Public Health Nursing Districts

- (1) Agincourt
- (2) Cedarbrae Area
- (3) Thomson Area
- (4) Warden Woods Area
- (5) West Hill Area

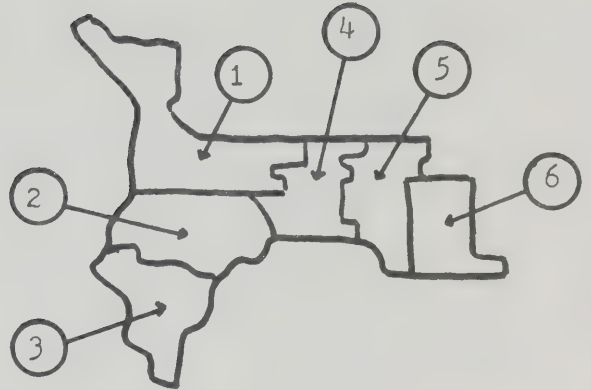
Scarborough has made a concerted effort to co-ordinate its nursing team areas with service districts of agencies such as the Children's Aid Society. In addition to prenatal classes, Scarborough is offering postnatal classes for parents. There has also been more focus on service in Day Care Centers and Nursery Schools to identify problems before the child gets to elementary school. With the assistance of a LIP grant, Scarborough has initiated a homemaker service to work with senior citizens, providing the kind of support that permits older residents to remain in the community. In their liaison program, nurses are attached to both hospitals in Scarborough as well as to positions in group practice, a trend which the Department foresees increasing. The home visiting program in Scarborough requires some nurses to work evenings to reach the whole family. Nurses are also involved in physical examination of patients in clinics with the back-up of physicians.



*Borough of York  
Department of Public Health*

Public Health Nursing Districts

- (1) Weston Team
- (2) Humber Team
- (3) Runnymede Team
- (4) Silverthorn Team
- (5) Fairbank Team
- (6) Cedarvale Team



In *York* during 1973, the public health nursing services expanded their prenatal classes and introduced a parents' group focusing on child development. *York* is also showing, as are other boroughs, a trend toward more community involvement in services to adults. Nurses are attached to the Amputee Rehabilitation Unit at Toronto Hospital Weston, and the *York* Multi-Service Centre. This trend towards co-ordinated community health services is also reflected in the nurses' participation in a satellite medical clinic for senior citizens in an Ontario Housing Project, and service to a Senior citizens' centre at 101 Humber Boulevard, set up with the co-operation of Metro Social Services. Visits to the aged are increasing along with visits in the area of mental and emotional health.

## Public Health Inspection Service

Public health inspection services are designed to protect people from health hazards that may exist in the environment in which they live, work and play.

Under the direction of the MOH the inspector is responsible for maintaining an effective surveillance program of critical points in the community that could be sources of disease or disability. Like the PHN, the inspector's role is to promote the health and well-being of the citizens. As members of the public health team, the inspectors draw on their knowledge and experience to assess environmental health needs in the communities served by the department and develop the means by which problems can be resolved.

In the past, the work of the public health inspectors was primarily concerned with potential health hazards in food and sanitation. But they are increasingly responsible for a variety of programs such as public education, recreational health and pollution control.

The wide range of responsibilities carried out by inspectors includes demand services, food control, drinking water systems, communicable disease and epidemiology, housing, institutions, general sanitation, occupational and recreational health.

*Demand Services* refers to an array of activities that must be met by the inspector on a demand basis. Among them are: complaints, nuisances, prosecution preparations, pest control, emergency services, and municipal licencing requirements.

The *Food Control* program involves a thorough inspection of all premises where food is manufactured, prepared, transported, and served. Similarly the community is protected from water-borne illness by surveillance of municipal water distribution systems.

The *Communicable Disease and Epidemiology* program is designed to prevent and control infections such as venereal disease, tuberculosis, enteric diseases, and rabies.

Inspection programs relating to *Housing* are concerned with maintaining adequate standards, while in *Hospitals, Schools and Institutions* the focus of the inspector is on determining and improving standards of maintenance and operations. Public places such as theatres, beauty parlors,

pet shops, bus stations, and sauna baths are inspected in the *General Sanitation* program.

*Occupational health* services are directed to health hazards arising in the work place and are being given greater emphasis in most municipalities. In *recreational health* the emphasis is on prevention of accidents and the chemical analysis of recreational water. The range of premises inspected includes swimming pools, ski lodges, beaches, riding stables, wildlife parks and tourist establishments. The inspector is also involved in the *public health education* program of the department.

In the *City of Toronto's* Health Department two trends have been developing in relation to inspection: concern with complex environmental problems and increased requests for reports by elected representatives. As in other divisions, the lead contamination issue has been given considerable priority, particularly by senior staff members. An expansion of inspection activities was also noted in relation to the development of pedestrian malls and festivals. A large number of municipal by-laws are administered by this division.

In the environmental health section of the *East York* Health Unit, demand service calls take up over half of the inspector's work load. The special *Epidemiology* division has an active program including evening clinics and night visits in relation to tuberculosis and venereal disease.

Inspection services of the *Etobicoke* Community Health Department showed a sharp increase in the number of communicable disease investigations during 1973. As in other boroughs the incidence of "exotic diseases" previously unheard of in Canada is attributed, in part, to the large number of people entering the country from areas of the world where these diseases exist. Departmental reports also observe that Etobicoke is recognized as an authority on hospital sanitation throughout Canada and the United States.

The *North York* Department also recorded an increase in the number of parasitic infections in immigrants and travellers. Surveillance work is expected to improve with the expansion of the International Medical Service Clinic. Education was also emphasized by the Department with some inspectors involved in producing a booklet on the inspection of swimming pools.

In *Scarborough*, attention was given to up-dating and establishing procedures to standardize the level of surveillance.

The inspection division of the *York* Health Department also showed a considerable rise in the number of enteric disease investigations attributed to the immigration of people from tropical countries.

### Public Health Dental Services

The primary objective of a public health dental service is to maintain high standards of dental health in the community. The public health dental professional is responsible for detecting oral conditions which, if not corrected at an early stage, may result in more extensive (and expensive) problems later, to motivate children and their parents to seek early and regular dental care from their family dentists and to educate children in sound dental health practices.

The overriding concern of public health workers with the prevention of disease and the promotion of health is reflected in the stress placed on preventive dentistry programs largely based in elementary schools. Programs are carried out by a team of dental hygienists and dental assistants.

Some municipalities within Metro have also developed curative dentistry programs primarily, but not exclusively, serving children. When this is the case, dentists, preferably with training in dental public health, play an important role on the public health team. No provincial grants are given for these dental treatment programs. Costs are borne by the local municipality.

### *Dental Services in Local Departments*

Preventive dental programs in the *City of Toronto* are provided through surveys, hygiene teams, and clinical personnel in 52 dental clinics primarily located in schools. The survey includes all children in elementary and secondary schools in the City who are present



at the time of the inspection (82 per cent in 1973). Dental hygiene teams operate on a full-time basis in six of the eight district offices. Two offices are also operated during the summer months.

Corrective dental treatment programs are delivered through the school clinics. Services are also provided to children resident in Bloorview Children's Hospital during July, for physically handicapped children attending Sunny View Public School and for the patients at Runnymede Hospital.

In *East York's* Health Unit, preventive dental services are provided to grades 1-3 in the elementary school system.

Dental services provided by *Etobicoke* include education programs for all children from kindergarten to grade six and examination of children in alternate grades with referral to private dentists. In urgent cases parents are contacted and cases are followed up. Other programs include free fluoride clinics, "brush-ins" conducted with groups of children, and preventive dentistry visits to senior citizens. In September 1973 this Department was the first in Ontario to open a Community Dental Treatment Clinic providing free dental service to children and adults on marginal incomes.

*North York's* Department of Public Health has a curative dentistry program available to all children from junior kindergarten to grade six. It has 17 x-ray facilities and two portable units. In the Department's preventive service a variety of programs are used to motivate children to good dental practices. In the summer months three fluoride and two treatment clinics are staffed. The curative dentistry service is available to adults as well as children during this period.

The Dental Division of the *Scarborough* Department provides a preventive service through education and annual dental inspections of children in elementary schools. Education programs offered by four dental teams include formal lessons, informal talks, demonstrations of dental aids and distribution of dental health kits.

In the Borough of *York* the dental service consists of education, prevention and treatment. All children from kindergarten to grade eight are given preventive dental lessons and access to treatment by school dentists. Education programs, centered on the young child include "brush-ins", "floss-ins" and other basics of dental prevention.

Regular inspection of each child is followed up by referrals in which parents are encouraged to seek early treatment. Upon a parent's request, treatment is provided free of charge to children in school, with priority given to those in the lower grades.

### Public Health Nutrition Service

One of the newest additions to local Departments of Health is the public health nutritionist. The role of the nutritionist is to integrate the principles and practices of good nutrition into existing public health programs. Since eating healthful foods is an important part of well-being, nutrition programs fit very well within the goals of all public health services - to promote health and prevent disease. To accomplish these objectives, a nutritionist works primarily with the health department staff, staff of agencies in other sectors such as social services or education, local institutions, and community groups.

Public health services which benefit from the contribution of nutritionists in various boroughs throughout Metro include: prenatal classes, school health services, food service operations, home care, senior citizen's programs, and day care centers. At present only the departments in Toronto, North York and Etobicoke employ a nutritionist.

### Other Public Health Services and Programs

As observed earlier, the Borough of York is the only local health department which operates a psychiatric treatment center for children and adolescents. This is staffed by a psychiatrist, two psychologists, and two social workers, and operates under *The Children's Mental Health Service Act*, 1970.

Another unique program is North York's Child Advocacy Project which has been funded by a two-year research and development grant from the Ministry of Health. The project was initiated by the North York Inter-Agency Council, a voluntary organization representing over 30 agencies in the fields of health, social services, recreation, education, housing and law enforcement. The project involves case conferences, research into community needs with respect to services for children and the development of a community information system.

In addition to these specialized services, all departments are participating in various kinds of cross-sector programs.

In North York, creative homemaking groups to help mothers with young children improve their mothering skills are a joint project with the adult education department of the North York Board of Education.

In the City of Toronto, the Public Health Department is associated with the Metro Social Services Department with regard to re-development of Lambert Lodge. The desire is to build a school, a provincial facility, and senior citizen's housing.

In York Borough, a senior citizen's clinic at 101 Humber Blvd. was set up in co-operation with Metro Social Services and includes physicians from the private sector as well as from the Ministry of Health.

A program of instruction in dental health was organized by the City of Toronto Department of Public Health and the Department of Parks and Recreation to reach 150 play centers.

The Etobicoke Health Department in co-operation with the Etobicoke public libraries held "Murphy the Molar" reviews in various libraries.

## HOSPITALS IN METROPOLITAN TORONTO

There are 37 public hospitals in Metropolitan Toronto. With psychiatric institutions such as the Clarke Institute, the Queen Street Mental Health Centre, the C.M. Hincks Treatment Centre, Lakeshore Psychiatric Hospital and Thistletown Regional Centre for the Treatment of Children and Adolescents, as well as institutions and foundations for the treatment of alcoholism and drug addiction such as the Donwood, the total number of institutions is 46.

Hospitals are usually classified according to five or six different types: teaching general hospitals, non-teaching general hospitals, general rehabilitation hospitals, special rehabilitation hospitals, chronic hospitals and additional special hospitals.

At the present time there are 12 *teaching general hospitals*:

- East General and Orthopaedic Hospital
- New Mount Sinai Hospital
- North York General Hospital
- Princess Margaret Hospital
- St. Joseph's Hospital
- St. Michael's Hospital
- Sick Children's Hospital
- Sunnybrook Hospital
- Toronto General Hospital
- Wellesley Hospital
- Toronto Western Hospital
- Women's College Hospital

The medical services offered by these hospitals are wide-ranging and usually embrace general medicine and surgery, gynaecology and obstetrics, psychiatry, pediatrics, ophthalmology, otolaryngology, and anaesthesiology. In addition, some facilities extend services in the areas of immunology, genetics, haematology, pathology, and dental surgery. Other very specialized services include cardiology, neurology and neurosurgery, urology, renal dialysis, nuclear medicine, and plastic surgery.



Besides general medical practitioners, specialists and nurses, para-medical and allied health personnel in teaching general hospitals include: physiotherapists, pharmacists, social workers, psychologists, dieticians, occupational therapists, speech therapists, audiologists, and many types of technologists and technicians.

There are 12 *non-teaching general hospitals* with more than 100 beds in Metro, and none with less than 100 beds:

Central Hospital  
Doctor's Hospital  
Etobicoke General Hospital  
Humber Memorial Hospital  
North York Branson Hospital  
Northwestern General Hospital  
Orthopaedic and Arthritic Hospital  
Queensway Hospital  
Salvation Army Grace Hospital  
Scarborough Centenary Hospital  
Scarborough General Hospital  
York-Finch General Hospital

These hospitals offer a similarly wide range of services as the teaching hospitals, with some providing specialist capability in particular areas such as nuclear medicine, plastic surgery, hematology, dermatology, urology, neurology, orthopaedics, neurosurgery, cardiology and thoracic surgery as well. Medical, para-medical and allied health personnel reflect the same scope as in the teaching hospitals.

The *general rehabilitation hospitals* (Hillcrest, Providence, Riverdale, St. Bernard's Convalescent and St. John's Convalescent) and the *special rehabilitation hospitals* (Lyndhurst and Ontario Crippled Children's Center) focus on rehabilitative services such as physiotherapy, occupational therapy, speech therapy, social services and nursing services. Consequently their health personnel and general staff include specialists in these areas.

*Chronic hospitals* of over 200 beds (Our Lady of Mercy, Queen Elizabeth, and Toronto Hospital, Weston) and under 200 beds (Baycrest, Bloorview, and Runnymede) also provide services which are oriented to the extended health care needs of their patients. Therapists (physio, occupational, and speech,); counsellors (social workers, psychologists, etc.); technicians (radiologists, pathologists, etc.) and pharmacists, dieticians and nursing staffs make up the core professional staff, with minimal requirements for general and specialist medical practitioners.

Figure 2-04 shows the location of the hospitals and Appendix "A" indicates the areas they serve and the distribution of in-patients served by area municipality. From 88 to 100 per cent of all hospital operating costs are provided by the Ministry of Health. Some financial contributions come from other sources such as Workmen's Compensation Board, cash recoveries from sale of services, private allocations, Blue Cross etc. Capital costs are funded 100 per cent by the Ministry of Health for teaching general hospitals. Non-teaching hospitals receive two-thirds funding from the provincial government and so must obtain one-third of their capital resources from other sources. The sources include:

- . Municipal allocations
- . Fund campaigns
- . Differential income (This can be a major source of capital funding. The hospital receives a regular standard ward *per diem* from the Ministry of Health on the basis of four patients per room. In the case of semi-private and private patients, the amount paid over and above the standard rate can be applied to capital funding (after 50 per cent is refunded to the province) if excessive operating costs do not eat up all extra income. Sometimes operating costs are not completely covered by government funding, for example, interest on loans is not allowable as an operating cost in calculating provincial grants.
- . Contributions by service clubs and women's auxiliaries (No percentage of this money is taken by the province)
- . Bequests (Some hospitals get substantial amounts from this source and none is taken by the province)
- . Income from auxillary operations, eg. income from a parking lot where the land is paid for and parking charges are collected by the hospital.

Figure 2-04



TABLE 2-06

Public Hospitals and Number of Hospital  
Beds in Metropolitan Toronto  
December, 1974

	Active	Chronic	General	Special
Teaching General Hospitals: Rated Beds				
East General and Orthopaedic	572	-		
New Mount Sinai	592	-		
North York General	580	-		
Princess Margaret	172	-		
St. Joseph's	592	-		
St. Michael's	820	-		
Sick Children's	787	-		
Sunnybrook	551	207		
Toronto General	1103	-		
Wellesley	602	-		
Western	758	-		
Women's College	391	-		
TOTAL	7520	207		
Non-Teaching General Hospitals with over 100 Beds				
Central Hospital	176	-		
Doctor's Hospital	319	-		
Etobicoke General	500	-		
Humber Memorial	318	-		
North York Branson	449	-		
North Western General	248	-		
Orthopaedic and Arthritic	187	-		
Queensway	331	-		
Salvation Army Grace	109	-		
Scarborough Centenary	524	-		
Scarborough General	639	168		
York-Finch General	310	-		
TOTAL	4110		168	



TABLE 2-06 (continued)

	Total Number of Beds			
	Active	Chronic	General	Special
General Rehabilitation Hospital: Rated Beds				
Hillcrest	-	-	117	
Providence	-	82	40	
Riverdale	-	624	164	
St. Bernard's Convalescence	-	-	60	
St. John's Convalescence	-	-	199	
TOTAL		706	580	
Chronic Hospitals with over 200 Beds				
Our Lady of Mercy	-	300	-	-
Queen Elizabeth	-	453	48	-
Toronto Hospital (Weston)	-	310	-	18
TOTAL		1063	48	18
Chronic Hospitals with under 200 Beds				
Baycrest	-	154	-	-
Bloorview	-	57	-	-
Runnymede	-	114	-	-
TOTAL		325		
Psychiatric Hospitals				
Clarke Institute of Psychiatry	175	-	-	-
TOTAL	175			
Hospital for Treatment of Patients Suffering From Alcoholism & Drug Addiction				
Donwood	49	-	-	-
TOTAL	49			

TABLE 2-06 (continued)

	<u>Active</u>	<u>Total Number of Beds</u>	
		<u>Chronic</u>	<u>Special</u>
Special Rehabilitation Hospitals			
Lyndhurst	-	-	106
Ontario Crippled Children's Center	-	-	106
TOTAL			212
Hospital for Treatment of Patient Suffering From Alcoholism and Drug Addiction and Providing Facilities for Giving Instructions to Medical Students of any University			
Alcoholism and Drug Addiction	80		
TOTAL	80		
TOTALS:	<u>Active</u> 11,934	<u>Chronic</u> 2,469	<u>Special</u> 230
TOTAL BEDS:	15,261		

Source: Ontario Ministry of Health

TABLE 2 -07

Operating Costs  
Metropolitan Toronto Hospitals  
1973 - 1974  
(thousands of dollars)

	1973		1974	
	In-Patient	Out-Patient	In-Patient	Out-Patient
Alcoholism & Drug Addiction	\$ 3718	\$ -	\$ 4326	\$ -
Baycrest	2518	94	3056	102
Bloorview Children's Hosp.	1115	-	1348	-
Central	3650	244	4262	258
Doctors	6282	211	7856	252
Donwood	795	-	950	-
Etobicoke General	6619	1000	1049	1278
Hillcrest	1242	-	1462	-
Hosp. for Sick Children	28614	2483	33212	2623
Humber Memorial	6492	915	7117	968
Lyndhurst	861	8	1266	10
New Mount Sinai	10677	1225	18576	2167
North York Branson	7081	1045	9593	1169
North York General	12912	1633	15354	1890
Northwestern	4780	803	5786	8828
Ont. Crippled Children's Cen.	2320	146	2759	124
Orthopedic & Arthritic	1996	149	3139	145
Our Lady of Mercy	2863	-	3657	-
Princess Margaret	7287	232	8286	256
Providence	1277	10	1597	12
Queen Elizabeth	5701	5	6759	3
Queensway General	6369	1201	7236	1396
Riverdale	9294	-	10248	-
Runnymede	1128	-	1425	-
St. Bernards Con.	437	-	511	-
St. John's Con.	2097	9	2516	7
St. Joseph's	14168	1550	16825	1786
St. Michael's	21734	1942	26882	2447
Salvation Army Grace	1791	30	2225	30
Scarborough Centenary	10822	1082	11908	1244
Scarborough General	12679	1676	15037	2048
Sunnybrook	15796	1841	20108	1027
Toronto East General	13847	1713	15645	1982
Toronto General	40007	2643	43257	2699
Toronto Hospital, Weston	3218	33	3943	31
Toronto Western	21418	1569	25257	1658
Wellesley	15779	1881	1865	2336
Women's College	8231	1409	10174	1698
York-Finch General	6524	1335	8126	1468
TOTALS	\$325060	\$30130	\$390847	\$34072

Note: 1973 - Figures shown represent actual costs accepted by the Ministry on settlement with the hospitals.

1974 - Figures shown - in majority of cases - represent costs for the year as shown by December operating statement and are subject to audit review by the Ministry of Health.

Source: Ontario Ministry of Health

### Relationship with Municipalities

In addition to the provision of funding for capital expenditures, there are some linkages between hospitals and local municipalities, through appointments of municipal representatives to hospital boards.

There is no established pattern for these appointments. There are no provincial requirements for municipal representation, but in some cases the municipality requires that it have representation on the board where it has made grants to the hospital. In other circumstances the board requests a municipal representative, who may be either an elected official or a citizen representative.

These appointments are in some cases written into the by-laws of the hospital, in others they are by agreement with the municipality and in still others based only upon custom and informal arrangements.

There is no central source which apparently has complete records on these appointments, and documentation would require a special survey of all hospital boards and review of their current appointment practices and procedures.

### HOSPITAL COUNCILS IN METROPOLITAN TORONTO

The Metropolitan Toronto hospital system has become an intertwined network of facilities and services that includes more than 4,000 physicians, 28 active treatment hospitals, 14 specialized hospital facilities, 7 general and special rehabilitation hospitals, 11 chronic hospitals and more than 58 nursing homes. All these institutions and people attempt to cope with the health needs of a population in excess of 2.5 million. An increasingly important objective, therefore, is the co-ordination of the many hospitals and their programs to keep costs down and the quality of care up.

There are now two hospital councils and one association in Metro, each attempting, in its own way, to provide a cohesive force to aid the integration of various institutions with specialized facilities and services.

The oldest of these, the Hospital Council of Metropolitan Toronto (HCMT) dates back to the mid-1950's but really only came into its own in the 1960's. It has always been a voluntary organization of hospitals. Funds are provided through paid subscriptions from individual member hospitals. Currently it works on behalf of about 44 hospitals in Metro, Richmond Hill and Newmarket on general, rather than specific issues.



There are 15 members on the Hospital Council board, including 6 hospital trustees, 6 hospital administrators, and 3 executive officers of hospitals (all elected by the membership). The other hospital council (the Metropolitan Toronto Hospital Planning Council) and the association (University Teaching Hospitals Association) are also represented, along with the Ontario Hospital Association.

The executive director of the HCMT also serves as the executive director of the University Teaching Hospitals Association (UTHA). In 1973 the HCMT arranged for a Joint Secretariat with the Association. Besides sharing office space and executive directorship, there has been a history, albeit brief, of a continuing development of firm ties between the two organizations. The HCMT Chairman now sits on the UTHA, while the Chairman of the Association's Administrative Standing Committee sits on the Hospital Council's Executive Committee.

The University Teaching Hospitals Association, which includes seven general hospitals, three specialists' hospitals and one children's hospital, was established in 1971 to meet the specific needs of the University of Toronto and its directly-affiliated Toronto hospitals. Its members are: The Clarke Institute of Psychiatry, The Hospital of Sick Children, New Mount Sinai Hospital, Princess Margaret Hospital, St. Michael's Hospital, Sunnybrook Hospital, Toronto General Hospital, Toronto Western Hospital, the University of Toronto, Wellesley Hospital and Women's College Hospital.

The Association places particular emphasis on the co-ordination of expanding clinical education programs and the replacement of obsolete facilities.

According to opinions expressed at the Ministry of Health, this Association, together with the Hospital Council, could very well take the initiative in forming a district health council in Metropolitan Toronto.

The third hospital organization, the Metropolitan Toronto Hospital Planning Council (MTHPC), was established by Order-in-Council in the mid-1960's by the Ministry of Health, and is funded almost entirely by the provincial government. Budgets have increased over the years from about \$30,000 per annum at the start to nearly \$150,000 in 1974.

It was originally set up to deal with the increasingly complex demand for co-ordinated and comprehensive hospital planning within the Metropolitan area, assess capital priorities, and undertake research for the development of a balanced and integrated health care system. The Council's activities, however, now focus on only the last objective, (e.g. a study of the relationship of hospital discharge of elderly people to the need for meals-on-wheels and private home visiting).

The MTHPC has nine Board members; over the years its membership has included representatives from the Municipality of Metropolitan Toronto, the Ontario Medical Association, the Hospital Council of Metropolitan Toronto, the Metropolitan Board of Trade, the Social Planning Council of Metropolitan Toronto, the Ontario Ministry of Health, the Metropolitan Toronto Labour Council, and representatives of the general public appointed by provincial government.

As an experiment, the HCMT merged with the MTHPC in 1972 to share secretarial services and management expertise in reviewing problems of mutual interest. In 1973 the same experiment was continued by a similar arrangement that included the UTHA. Initial good intentions of uniting forces around priority projects - such as forming a discharge planning service - broke down shortly after the attempted alliance; now only the Secretariat uniting the HCMT and the UTHA continues as a joint venture.

The MTHPC Director is attempting to become more involved in providing information to hospitals and those involved in making decisions about hospitals to assist in the formulation and implementation of hospital planning policies. Accordingly, the Planning Council is trying to develop a data bank that can form the basis upon which to analyze the hospital's role in the delivery of health care.

This particular goal conforms generally with the Council's original overall objectives and terms of reference; these were:

1. To examine, investigate and make recommendations to the Ministry of Health on all matters concerning hospitals and related health facilities in Metropolitan Toronto.
2. To advise on the planning of the orderly and efficient development of hospital and related health facilities in Metropolitan Toronto.

3. For the purpose of advising the Ministry of Health, to divide Metropolitan Toronto into districts to plan hospitals and related health facilities, and to encourage and organize district health councils.
4. To advise district health councils, hospitals, local governments or other groups interested in hospitals within the Municipality of Toronto, in matters of hospital planning, development, co-ordination and capital financing.

The HCTM's program orientation, on the other hand, is principally concerned with the practical day-to-day administrative functioning of the hospitals as individual institutions and interdependent parts of a highly-sophisticated health care system. But beyond these concerns, this Hospital Council is assuming increasing responsibility for some major priority planning.

For example, the Ministry of Health assigned the HCTM the task of assisting public hospitals in their assessment of priorities for new hospital programs. The Council has received submissions from the hospitals and is currently reviewing them and determining priority ranking so that a list of projects showing individual priorities can be identified. These will then be forwarded to the Area Planning Co-ordinator in the Ministry.

This project is part of the Health Ministry's Multi-Year (three-year) Planning for expenditures. In the past, submissions from individual hospitals were sent directly to the Area Planning Co-ordinator. From now on, the Ministry wants the District Health Councils (where these exist) or the Health Planning Councils (in other areas) to determine priorities for new programs. Where no hospital planning councils exist, programs must still be submitted directly to the appropriate Area Planning Co-ordinator. According to Health Ministry guidelines on this project, high priority is to be given to alternatives to active treatment in-patient care, including day care surgery, ambulatory care, rehabilitative programs, and the use of excess active treatment beds for chronic care.

In 1972 the HCMT considered and reported on how the three Metro hospital organizations might combine to form the nucleus of a district health council. The proposals



submitted to the then Minister of Health were supported by the UTHA but not by the MTHPC. The UTHA established an ad hoc committee to review these proposals in late 1974. It completed its assignment but nothing has come of the report, and to date Metropolitan Toronto has accomplished very little else towards a proposed definition of a district health council.

UTHA Chairman, John Law, is now chairing a provincial task force under the auspices of the Ontario Council of Health, to make recommendations on the establishment of health councils on a province-wide basis. The report is due in May-June 1975.

A recent major focus of the UTHA is advising on the allocation of expansion funds for several teaching hospitals in the Metro Toronto area. From 1968 to 1972 especially, large, old teaching hospitals in Metropolitan Toronto required funds for expansion and development, but no money was available from the Health Ministry. When the Association was formed in 1971, it immediately began pressing for realistic expansion and development programs. In May, 1973, the Ministry finally announced \$300 million to be spent on a province-wide basis over the following 10 years (at 1973 dollar-value). Of the \$300 million, \$100 was allotted to Metro Toronto. Ten per cent of the \$100 million went to campus facilities of the University of Toronto and community colleges for health manpower development, leaving \$90 million for the hospitals.

The Association's problem was how to divide the money it thought was coming too late (by at least six years) and in too small amounts compared to estimated needs (e.g. Toronto General Hospital first requested \$150 million, later was prepared to settle for \$75 million, and finally had to accept \$25 million). Gradually the principal hospitals in need were consulted and pared down to a priority listing of four: Toronto General Hospital, Toronto Western Hospital, St. Michael's and Sunnybrook Hospital. The expansion programs got underway in April, 1974 and there will be a \$90 million fund flow over 10 years (at 1973 dollar-value). The four hospitals are now proceeding with development plans although some problems still apparently exist regarding such issues as funding and cash flow.



## CHAPTER 3

### SOCIAL WELFARE

#### INTRODUCTION

Social services are collectively-provided, organized activities for the conservation, protection, and improvement of human resources. (1) They are furnished by society to help its members develop to their fullest potential or cope with such contingencies of life as loss of a parent, unemployment, disability or aging.

Some people distinguish between social services or services thought to be essential for all citizens, and social *welfare* services, programs designed for the needy and unfortunate. (2)

In Metropolitan Toronto, social services are offered by a wide range of agencies from all levels of government and a variety of private voluntary organizations. Some agencies provide income support only, some offer services designed to help people with particular problems, and others provide a mixture of both. This report can only describe some of the most important programs and trends.

The history of our social service system goes back to when Ontario, then Upper Canada, in contrast to most other colonies on the continent, decided to exclude the English Poor Law when it adopted the main body of English Civil Law. The immediate effect of this was to shift the responsibility for helping those who were poor or in trouble, from public authorities to the individual, the family, and private philanthropy. While there has been a gradual and somewhat piecemeal assumption of public responsibility for those in need of help, what developed over the years was a shared responsibility between government and private bodies. This has been

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- (1) Cassidy, Harry M., *Social Security and Reconstruction in Canada*, Boston, Humphries, 1943.
- (2) Kahn, A., *Social Policy and Social Services*, New York, Random House, 1973.

the hallmark of social welfare in Ontario. Its effects can still be seen in our present system. (3)

Today, people have many needs they cannot satisfy by relying solely on themselves, their families and their friends--help in finding a job, financial help when the family loses its breadwinner, help with day care for children and help in caring for an elderly member of the family.

The federal government has assumed specific responsibilities for particular programs such as Family and Youth Allowances and Old Age Security. The provincial government then has the responsibility to decide what other social services must be provided, for whom, by whom and how they will be financed.

Many services Metro citizens need are supplied by the Metro level of government. Some are partially paid for by the provincial and federal governments; some are mandatory and must legally be provided to the municipality's residents; still others are discretionary and may be provided with costs shared by the province, which in turn recovers a substantial portion from the federal government. Most services are only available to those who can demonstrate their need by virtue of such factors as low income, family size, etc.

While private agencies usually provide direct services to individuals, families and groups, government agencies have several main functions.

They transfer money to individuals and families--sometimes providing family income, sometimes supplementing it. The senior levels of government often transfer money to local governments and agencies for these purposes.

They set standards (usually through legislation) for the quality of services and inspect agencies to ensure those standards are maintained. Consultative services are offered to agencies under provincial jurisdiction to help improve the delivery and administration of services. For example, while the Metropolitan Toronto

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(3) Splane, Richard B., *Social Welfare in Ontario, 1791-1893*, Toronto, University Press, 1965.

Social Services Department provides homemaker and nursing services, through purchase of services from community agencies, the provincial social services administration is responsible for enforcing the laws governing the quality and nature of these services.

The provincial government also reimburses the Metropolitan Toronto government for 80 per cent of its expenditures on homemaker and nursing services. The federal government, in turn, under the provisions of the Canada Assistance Plan (CAP), reimburses the province for 50 per cent of the allowable expenses it and the municipality incur.

They fund agencies by providing monies in the form of grants or on a cost-shared basis. For example the Children's Aid Societies described later in this chapter receive the major portion of their funding from three levels of government- federal, provincial and Metro. At the same time, governments at all levels give special grants to ad hoc or innovative social agencies to assist with their programs. These include a wide spectrum from social planning councils, to Y.W.C.A.'s, to groups providing counselling services to newcomers in their own language.

They provide direct services in some cases. Among the most important of these are the day care programs offered by the Metro government as well as homes for the aged, and at the provincial level rehabilitation services for some of those receiving allowances under provincial programs.

## SOME MAJOR FEDERAL SOCIAL WELFARE PROGRAMS

### *Direct Transfers to Individuals and Families*

The Canada Pension Plan: provides retirement pensions at age 65 to those who have contributed and retired. Benefits to survivors of those who have contributed for at least three years are also available. These include death benefits, widow's pension, disabled widower's pension and

and orphans' benefits. This plan also provides disability pensions for those who have contributed for at least five years and pays benefits to their dependent children.

Old Age Security: provides monthly payments at age 65 to all persons in Canada who have lived here a minimum length of time. Receiving money from the Canada Pension Plan does not affect one's right to Old Age Security or the reverse. However, receipt of the Canada Pension Plan may affect the person's right to other pensions and allowances.

The Guaranteed Income Supplement: is available to pensioners who have little or no other income and is a monthly payment on a graduated basis.

Family and Youth Allowances: supplies monthly payments per child for all children to age 18, including those of immigrants. Non-immigrants may receive this allowance for their children if they have been admitted to the country for the purpose of working here, and have been here for at least one year during which time they are subject to Canadian income tax.

Unemployment Insurance: covers most employed people during an interruption in employment. Benefit rates vary depending on wages prior to interruption of work, and the number of dependents. Benefits are available in cases of illness or maternity, after a certain minimum number of weeks of insured employment.

### *Services and Transfers to Individuals*

Manpower: The Canada Manpower Division is a national employment service operated by the federal government. Manpower counsellors offer job applicants all essential pre-employment services. Occupational training allowances are available to those eligible for vocational re-training. Manpower mobility grants are also available to enable workers to move from areas where they cannot find employment to jobs in other parts of the country, covering essential expenses incurred in moving.



The Job Creation Program: supports the following special programs in the Metro area:

1. The Local Initiatives Program(LIP) which supports non-profit projects that provide jobs for the unemployed and improve community services.
2. The Local Employment Assistance Program (LEAP) provides funds for projects that create worthwhile employment for people who would remain unemployed despite normal labour market activity.
3. Opportunities for Youth (OFY) makes it possible for young people to plan and implement creative and useful community service projects during the summer and assist participants to support themselves and finance their education.
4. "Outreach" is a new program to extend Manpower services to those whose needs are not being met because they live in isolated areas or are unaware of services available in their locality.

The Government of Canada also provides a variety of services and special assistance to veterans (under various federal Acts) and to Indians (under the *Indian Act*).

The Immigration Division of the Canada Department of Manpower and Immigration takes applications in Metro from Metro residents for the admission of relatives, or from persons temporarily in Canada for the extension of their stay. It investigates offenses and enforces the *Immigration Act* and Regulations.

#### *Transfers to Other Levels of Government*

Under the Canada Assistance Plan (CAP) the federal government agrees to share costs with the province of Ontario toward certain services provided by the province and the municipalities within it and agencies approved

by the province. Many agencies in the Metropolitan Toronto area thus indirectly receive some federal financing. Some of these will be discussed further in the following pages.

Separate federal legislation permits sharing the cost of allowances for blind and disabled persons, and vocational rehabilitation of disabled persons.

#### PROGRAMS OF THE PROVINCE OF ONTARIO

Ontario operates some programs that offer direct financial benefits (ie. - transfers) to individuals and families. Some provide services to individuals, families and groups; some provide transfers to local governments and to private agencies; nearly all of the latter involve both regulative and consultative services to the recipient authorities as well as the benefits of such provincial activities as research.

Most provincial social services are available from the Ministry of Community and Social Services, but important programs in the social service field are also offered by other ministries. Some significant ones are discussed below. (4)

The Ministry of Revenue: is responsible for the Guaranteed Annual Income System (GAINS). This is an income support program available to people 65 years of age or older and the blind and disabled, who meet Ontario residency requirements. It consists of monthly payments calculated on the difference between the recipient's income and the guaranteed income level the government establishes from time to time.

The Ministry also administers the Ontario Tax Credit System which distributes tax credit benefits, in the form of property tax credits, sales tax credits, and pensioners' tax credits, to Ontario residents. To ensure these benefits are distributed to those most in need of tax relief, the total tax credit entitlement is reduced by a percentage of the person's taxable income. In this way the amount of potential tax credit

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(4) Ontario Welfare Council, *The Province of Ontario... Its Social Services*, Revised, Toronto, 1974.

received by any taxpayer depends on his family circumstances, age, income and property tax or rent paid. Some pensioners are eligible for all three tax credits.

The Ministry of Labour: is responsible for the operation of the Workmen's Compensation Board (WCB) whose prime objective is the effective rehabilitation of people who are injured or become ill as a result of their employment. Only people whose employers are covered by the WCB Act are eligible for benefits--free medical care and compensation for as long as the employee is disabled. Payment for loss of income is based on 75 per cent of earnings up to a specified maximum, provided the injury has prevented the employee from earning full wages. Permanent disability pensions, based on the percentage of clinical disability, are also paid.

Employers in the province are legally responsible to provide the funds necessary for compensation costs and are assessed by the Board in fixed proportion to each industry's accident costs. The majority of business and industrial firms in the province are covered by the Act and these employers are protected against law suits arising out of employee occupational injuries or illness.

The Ministry of Correctional Services: has jurisdiction over adult male and female offenders sentenced to terms of less than two years; juveniles, those less than 16 years old admitted to training schools under the *Training School Act*; and both adults and juveniles on probation. It operates training schools for juveniles, one of which is a reception and assessment centre, and has wardship of children placed in the schools until they are 18 or wardship is removed. It also operates a number of small group homes that will accomodate six to 10 young people living in the community under the guidance of trained staff. Probation officers prepare comprehensive social and family histories on juveniles appearing before a Provincial Court (Family Division) judge to aid him in arriving at a decision that is in the best interests of the juvenile; the officers supervise juveniles on probation or returned to the community after training school.

This Ministry operates correctional centres for men and women, a correctional institute with an assessment unit and a treatment unit, and adult training centres that accommodate young adult males aged 16 to 24 who are responsive to adult education programs and an overall rehabilitative plan.

The Ministry's other responsibilities include forestry camps, jails, regional detention centres, the Ontario Board of Parole and the probation officers working within the institutions and assisting inmates after discharge. Inmates benefit from temporary absence programs which allow selected inmates to go into the community for a variety of reasons, and daily absence programs that permit them to attend academic or vocational training programs, or to work at gainful employment.

The Ministry of the Attorney General: is responsible for the Ontario Legal Aid Plan. This program, administered by the Law Society of Upper Canada under the *Legal Aid Act* is designed to ensure that no person in Ontario needing legal assistance is deprived of this service by limited finances. The plan requires close co-operation with the Ministry of Community and Social Services whose representatives assess legal aid applicants' financial circumstances.

#### Programs of the Ontario Ministry of Community and Social Services

##### *Direct Transfers and Services to Individuals and Families*

"Family Benefits" is the major provincial program of long-term assistance to those in financial need who are unable, for various reasons, to support themselves or their family. It provides a monthly allowance geared to the individual's or family's budgetary needs, accounting for the family size, present family income, and special needs, etc. Free health benefits are also provided to family benefits recipients and dental care is available to those with dependent children. Family benefit clients are helped, where appropriate, to gain access to a variety of additional services available in the community, usually from the voluntary sector.



Administrative responsibility for this program in Metro rests with the District Office of the Metropolitan Toronto Area of the Ministry of Community and Social Services.

There are some situations where family benefits field workers spend part of their week working at joint service projects such as one at Regent Park. Only one such centre (the York Multi-Service Centre) has a dual accountability arrangement--the field workers report to both the district office and to the Centre's own administrator. According to the District Director of Income Maintenance, this is a much more complex situation than simple part-time relocation of field workers to make access more convenient to clients.

Current Ministry plans call for the location of family benefit field workers in up to five local offices in the Metro area. By establishing these decentralized offices a number of services formerly available only in separate facilities may now be offered on a somewhat integrated basis. This is expected to permit some variation in the way services are delivered so they are more responsive to local needs and conditions. Since some Metro neighbourhoods are rich in local community services and others are much more sparsely served, the District hopes to vary the "mix" in its local offices.

There were 22,000 active family benefits clients in the Metro area in April, 1975, representing about 60,000 beneficiaries. They are currently served by 111 field worker staff members who provide general counselling, referral and information services. District representatives participate in local inter-agency councils, community meetings, and other appropriate interest groups.

There is considerable communication and collaboration with the Metropolitan Toronto Department of Social Services; 80 per cent of the referrals for family benefits in the Metro area are from the latter agency when the field worker is aware that the person's circumstances may qualify him for continuing assistance under the province's program. Expediting transfer of clients from one agency to the other requires close interaction and a high level of refinement of contact to facilitate the disposition of cases. Family benefits clients are also eligible for a number of services provided by the Metropolitan Toronto Department of Social Services, thus increasing the volume of communication between the two agencies.

The Ministry has some direct relationships with other community organizations. A current example in Metropolitan Toronto is the YWCA's "Focus on Change" program which is funded by the Ministry. The program operates on a single and group basis to help mothers of single parent families.

#### *Vocational Rehabilitation Services Act*

Under the Vocational Rehabilitation Program, the Ministry provides a comprehensive range of rehabilitative services for handicapped men and women. It is designed to provide the mentally, physically, or emotionally handicapped with treatment, counselling, assessment, and training to restore them to health and, if possible, enable them to become self-supporting. A client of this program may receive assessment (medical, psychological, vocational, etc.) counselling and guidance, treatment (medical, surgical, physiotherapy, occupational therapy, artificial limbs and eye glasses), technical or vocational training, employment placement, tools, equipment or licenses, and transportation costs during treatment and training. Living allowances are granted to trainees who require assistance to take advantage of rehabilitation services.

The decentralization of district vocational rehabilitation services in the Metro area to local offices is now under consideration. Decentralization of services is affected by the geographic location of key contact agencies--hospitals, clinics, schools, etc.--as well as the distance clients must travel for service.

Many services provided by the Vocational Rehabilitation Program are purchased from community agencies for the client. The program also establishes operating and capital subsidies for sheltered workshops. It provides grants towards supervisory staff salaries in the workshops as well where the handicapped can produce goods and services within their capabilities and work towards self sufficiency where this is a possible goal.

In addition, the program has administrative responsibilities for the Work Activity Program, established under the General Welfare Assistance Regulations. The Work Activity Program attempts to prepare people who, because of personal, family, or environmental barriers,

have unusual difficulty in obtaining employment or training. Projects are individually designed to serve and identify a target group and are normally administered by a local municipality with 80 per cent of the costs covered by the province.

### *Transfers and Services to Local Governments and Agencies*

Provincial programs grouped under the title "Municipal Welfare Administration" provide financial and administrative assistance for several programs provided by municipal governments for people in need.

The largest such municipal program is General Welfare Assistance. This consists of: allowances paid to single people and heads of families in financial need; payments on behalf of people unable to meet the full costs of care in private licensed nursing homes; coverage of the cost of providing meals, shelter and personal items for transients or homeless persons; and payments to a foster mother for the maintenance of a foster child.

Other programs funded by the Ministry under this section are Special Assistance, Supplementary Aid and Homemakers and Nursing Services. Special Assistance is available to those in need, at the discretion of the local municipal welfare administrator, to cover the costs of prescribed drugs, dental services, optical services, eye glasses, funerals, etc. Supplementary Aid covers many of the same kind of items for extraordinary circumstances, but only for those people already receiving a governmental allowance such as Old Age Security, Family Benefits, or a provincial Vocational Rehabilitation Allowance.

Homemakers and Nursing Services provide necessary home care to the elderly, handicapped, ill or convalescent and to families during times of domestic crises. Direct services are provided by local non-profit agencies or by municipalities. Metro purchases the services from local agencies. Once again, the province's role is regulation, consultation, and sharing costs.

The provincial Ministry of Community and Social Services similarly shares in the costs of day care services provided by the Municipality of Metropolitan Toronto. Metro's program operates both through direct operation of day care services and



through the purchase of day care services for children of families in need from private day care programs. The provincial day care program also makes subsidies available for capital costs under certain circumstances.

Under provincial legislation, (*The Home for the Aged and Rest Homes Act*, *The Charitable Institutions Act* and *The Elderly Persons Centres Act*) the Senior Citizen's Program provides guidance, consultation, research information and some of the monies to municipalities and private organizations operating Homes for the Aged, Elderly Persons Centres, and some other services for senior citizens.

Homes for the aged are designed for people more than 60 years of age who need some supportive services in their daily lives. In addition to accommodation and care of their residents, some homes for the aged offer services to elderly people living in the community to make it possible for them to remain in their own homes (eg. vacation care, day care, meals on wheels, transportation). Present financing provisions do not cover separate sharing of costs for the latter group of services so in some cases the cost is borne by those receiving the services.

The senior citizens' program also provides consultation and funding for municipalities and organizations that operate elderly persons centres. A centre is all or part of the building where social, recreational or other services are provided senior citizens.

Children and youths who cannot live at home are cared for in a variety of residential programs, usually operated by private non-profit organizations or Children's Aid Societies. In fulfilling its legal responsibility to ensure that a good home is provided for all young people, the Children's and Youth Institutions Program, operating under four items of provincial legislation, inspects, consults, subsidizes, and sets out standards for accommodation, programs, record-keeping and requirements for such matters as education of the children and staffing of the institutions. More information on Children's Aid Societies is provided in a separate section later in this chapter. Homes for children vary: normal children sometimes require residential care because of severe illness of a parent or loss of one parent from the home; troubled children require residences with



special services to help them with their problems. Retarded children require special kinds of training, as do physically handicapped children.

This provincial program is also responsible for the regulation and subsidy of homes for retarded persons and homes for unwed mothers.

The Ministry of Community and Social Services also awards grants to municipalities and private agencies to help pay for a variety of services such as information centres, credit counselling services, summer camps for children of low income families, community centres, and leadership training for such organizations as the Boy Scouts and Girl Guides.

#### SOCIAL SERVICES OF METROPOLITAN TORONTO

As previously pointed out, the history of social services has been always one of citizen initiative responding to a need that was felt or perceived by some people in the community. Today the Metro social service system, if it is a "system" in the sense of integrated and national organization of services, consists of a very large number of agencies and groups offering an immense variety of services under a broad range of auspices. There is tremendous variation in the kind of connecting links between them, varying from close, intensive co-operation to total ignorance on the part of the officials of one agency about the very existence of another. In size and scope, service agencies run the gamut from a small group of volunteers to a large, sophisticated administration such as the Department of Social Services of Metropolitan Toronto.

The Directory of Community Services in Metropolitan Toronto (5) identifies approximately 500 established agencies. In addition there are several thousand other services under widely-varying sponsorships--from church organizations to ethnic organizations to neighbourhood based groups. Information dissemination has become a sort of sub-industry of the social service sector as clients, their advocates, and agency social workers

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(5) Community Information Centre of Metropolitan Toronto, *Directory of Community Services in Metropolitan Toronto* 1974 edition. Assistance of Centre Director Mollie Christie, is acknowledged.

must more frequently consult information experts to discover what is available, from whom, and who is eligible to receive the service. In January 1975 the Community Information Centre alone responded to 5,200 inquiries many of these in turn from other organizations and centres for information dissemination.

What follows is a description of the services from selected agencies in the Metro area and a review of the Metro Department of Social Services.

## The Municipality of Metropolitan Toronto

### Department of Social Services

#### *General Assistance*

This program provides allowances to Metro individuals and families in need and covers such items as food, shelter, clothing and personal requirements, household supplies, heating costs as necessary and utilities where required. The amount of the allowance depends on the family's size, children's ages, shelter costs, etc. It is generally issued in the form of a cheque.

#### *Special Assistance*

This service provides for items not covered by General Assistance to general assistance recipients and others in need. Items include: prescription drugs, dental and optical services, prosthetic appliances, vocational training and retraining, comfort allowances to persons in nursing homes, funerals and burials, cartage and other special items.

#### *Supplementary Aid*

This is available to recipients of government allowances to help them meet the costs of shelter or other extraordinary needs such as medicine.

### *Family Court Unit*

This service assists deserted wives to secure financial support through action in the Juvenile and Family Court under *The Deserted Wives and Maintenance Act*. Deserted wives and their families eligible for welfare assistance receive allowances from the department. In turn the deserted wife repays the department, by assignment, with money received from her husband through the Court.

### *Housing Services*

There are 38 senior citizens' apartment buildings operated by Metro Toronto. The Department's housing unit also assists field workers to obtain accommodation for welfare assistance recipients, and other needy families and individuals under emergency conditions. Arrangements may be made for temporary shelter (eg. family hostels), cartage and storage, furniture, etc. as required.

### *Rent Supplement Plan*

This plan allows the Department to provide rent supplements for housing which may be more expensive than provided for in the regular rental portions of the allowance. The Department assumes the costs of the rent the householder is unable to pay; the tenant's actual rent payments are geared to income.

### *Homes for the Aged*

The Department operates eight homes for the aged that provide institutional care for ambulant, bed, semi-bed and special care residents of Metropolitan Toronto who are 60 years of age and older.

The Department has recently become involved in a process of expanding the alternative forms of care for elderly citizens. Under the Private Home Care Program a person may be placed in a supervised private home instead of a home for the aged, and receive accommodation, meals and other services, with fees paid on a sliding scale. More recently planning got underway

for the development of group homes, under private home care, to accommodate somewhat larger numbers than private homes do. Another program involves the use of purchased bed space in existing non-municipal homes on behalf of those who would be eligible for admission to a home for the aged.

### *Hostels*

The Single Men's Services Unit provides hostel care to impoverished homeless men. Seaton House accommodates up to 300 elderly men who are unemployable for health reasons on a continuing basis, and temporary accommodation for about 200 employable or transient men. Recreation and counselling services are also available.

The Family Residence accommodates homeless families who come to the Department's attention as result of fire, eviction, family disputes, migration, or termination of essential services such as water, heat and light. The residence accommodates up to 100 persons and offers counselling services appropriate to the resident's particular problems (e.g. legal problems relating to property are assisted by a volunteer unit of law students). Recreational activity is provided through the volunteer unit. (see sub-section on volunteers)

The Department also subsidizes accommodation in private facilities on a per unit basis as necessary.

### *Day Care Centres and Nursery Schools*

The Metropolitan Toronto Department of Social Services owns and operates 27 day care centres (as of January, 1975; 35 are expected by December, 1975) and two nursery schools. The Department also provides subsidies for a number of children in private day care centres and nursery schools and in private home day care arrangements. Day care centres and private home arrangements offer all-day care for children whose mothers must work outside their homes to support or assist in the support of their families.



### *Other Services For Children*

The Department is responsible under *The Child Welfare Act* to pay 40 per cent of the mandatory costs and services of children in the care of the two Metro Children's Aid Societies. After passage of Bill 4, now before the provincial legislature, the amount will be 20 per cent, retroactive to January 1, 1975. (see section on Children's Aid Societies for further description)

### *Homemakers and Nurses Services*

The Department buys the services of homemakers and visiting nurses through established agencies. Homemakers serve families with young children when the mother, because of illness, death or desertion, is unable to care for her family. Part-time services are also provided to older people to enable them to remain in their own home. The Department employs three homemakers who work in the private homes of general welfare assistance recipients, teaching and encouraging acceptable domestic standards in overall management, including meal preparation, laundry and home cleaning, etc. This team also develops group programs for women in the community in a "homemaking-made-easy" program.

### *Rehabilitation Unit*

The Rehabilitation Unit helps employable and partially employable men and women receiving general welfare assistance to obtain vocational training or re-training. They are offered such services as assessment, medical clarification, access to training programs, and counselling and guidance about personal, family, vocational and social problems that may impede successful completion of training or entry into gainful employment.

### *Landlord and Tenant Advisory Bureau*

The Bureau gives information about existing legislation, and practice. Its terms of reference are to advise landlords and tenants in tenancy matters; receive complaints and seek to mediate disputes; disseminate

information to educate and advise landlords and tenants about rental practices, rights and remedies; and to receive and investigate complaints of conduct in contravention of legislation governing tenancies.

After receiving a complaint, Bureau staff contact the parties to the dispute; once a means of communication is established they endeavour to mediate until mutually agreeable settlements are reached. When parties refuse to communicate or co-operate, the Bureau advises them of legal and other remedies and informs the parties of possible consequences when legal infractions appear evident. The Bureau reports that more than 75 per cent of the disputes are settled on acceptable and satisfactory terms to the disputing parties.

#### *Community Employment Development Program*

This is the Department's major employment related project. It is designed to develop the work motivation of long-term recipients of social assistance by providing upgrading classes and work assignments in a human environment designed to foster maturity and interpersonal competence. Its objectives are to qualify recipients for retraining, strengthen their job-seeking efforts and enable them to hold jobs.

#### *Special Supplement for the Working Poor*

The Department has undertaken an experimental program (one of three in the province) of financial assistance to people receiving wages that are lower than the existing welfare allowances for the size of the family they support. The program, which is gradually developing, provides small cash supplements to a person's monthly income, and special assistance or supplementary assistance to help with the costs of extraordinary expenses arising from crisis situations (e.g. dental bills, high drug costs, high optical costs, wheel chairs, etc.).

#### *Reduced Fares Program*

The Department is responsible for the operation of this program that enables Metropolitan Toronto residents, 65 years of age or older, to purchase Toronto Transit Commission tickets at half the regular adult fare.

Figure 3-01





### *Volunteer Unit*

The Department uses volunteers--citizens of a wide range in age and background--who undertake to help the Department with such services as collection, evaluation and distribution of furniture; visiting and entertainment in hostels; legal counselling (by law students from Osgoode Hall and York University); working with children; and the delivery of hot lunches to shut-ins.

### Social Services in the Area Municipalities

With the transfer of primary responsibility for social services to the Metropolitan Toronto level of government in 1967, any social services offered directly by area municipalities emanate from the education system, the public health system, or follow initiatives of planning and development departments.

Area municipalities still may make grants for different purposes. Grants are allocated annually to a wide variety of private non-profit agencies and projects, many of them in the social service field, and to others offering social services as well as other kinds of services. (6)

Through such projects as the federal government's Neighbourhood Improvement Program considerable attention and some resources are directed to the field of social service amenity planning.

### *City of Toronto Neighborhood Services Policy*

In the fall of 1974 the Council of the City of Toronto adopted a report recommending the development of a Neighborhood Service Policy for the City, and established a committee to recommend the strategy for developing such a policy. The Committee, composed of elected council members, staff representatives, and a representative from each of the Board of Health, Board of Education, Social Planning Council and the Confederation of Residents' and Ratepayers' Associations, submitted proposals for a study in February, 1975, and the study should be completed by the end of 1975.

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(6) For more information, see City of Toronto 1974 estimates, pg. 76-79.



The initiative for this study arose from the need perceived by the City as a result of its neighborhood planning activities. The objective of the study is "to devise a policy for the delivery of community services to city neighbourhoods in a participatory manner consistent with other current programs and policies." (7)

The proposal foresees the need for developing a more rational system for the delivery of all human services, including health, social services and recreation at the neighborhood level and allowing residents to be able to decide what their needs are and how these might best be met through community services. At the moment most of the decisions regarding the kind and location of services and facilities available are made by one or more of the four levels of government involved, or by private sector organizations and agencies which provide many of these services. The report states: "What has never been clearly defined is the question of who is responsible for what in the areas of service planning, financing and integrated delivery." (8)

The study will also examine the legislation affecting the delivery of community services and the statutory powers of the City, the financing of and delivery of community services, and present approaches for the identification of social needs and securing of required services for city neighborhoods.

It is expected that the results of this effort, which is designed to allow for feed-back from community groups, should provide some interesting possibilities for a new framework for local involvement in decision-making processes with respect to social policy.

Difficulties are obvious because of the split jurisdiction in so many of these policy areas, but as fragmentation is one of the major areas of concern in the development and implementation of social policy, any efforts at new approaches which provide more equitable and meaningful services must obviously be welcomed.

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(7) City of Toronto, *A Strategy for Developing a Neighbourhood Services Policy*, February 13, 1975, pg. 1.

(8) *Ibid.*, pg. 4.

## Voluntary Agencies Serving the Metro Area

The great variety of voluntary agencies in Metropolitan Toronto offer a broad range of social services. On-going income maintenance is not one of their responsibilities but many provide other forms of services for those already receiving benefits from the provincial or Metro governments.

The agencies have a wide variation in size, volume of service and expenditures, sophistication of both service technology and administration, and formal and informal accountability to the community. Some have grouped themselves together for co-ordination and planning purposes (e.g. some of the planning and inter-agency councils), and for purposes of fund raising (e.g. the United Way is a fund-raising organization set up by the United Community Fund and the Red Cross).

### *The United Community Fund*

With a membership of 73 agencies (in 1974) this organization conducts an annual appeal in conjunction with the Red Cross to raise monies to support their member agencies community services, and distributes these funds among member agencies in an effort to make the maximum impact on the community's needs. Its other objectives are the promotion of orderly, economical and efficient development of needed social services, and public education on the services and objectives of participating organizations.

Participating organizations must meet criteria set by the United Community Fund and subject themselves to a periodic evaluation of their eligibility for continuing Fund membership and support.

Participating organizations include: homes for the aged, family service centres, rehabilitation organizations (such as Crippled Civilians and the Rehabilitation Foundation for the Disabled), Boys' Clubs and community centres, YM and YWCA, YM and YWHA, the Community Information Centre, denominational social planning councils and the Social Planning Council of Metropolitan Toronto.

Non-United Way agencies in Metro include: the Salvation Army Social Services, the social services of various church and ethnic organizations; geographically-based local services, often self-help in nature; union-sponsored social services for their membership; and voluntary services supplied in conjunction with hospitals, schools, etc. by such organizations as service clubs.

Aside from public appeals for donations, voluntary agencies rely on a wide variety of sources to finance their activities: grants, subsidies, and the purchase of service by various levels of government, (some of which are described in the pages above); foundation funds; the full range of voluntary fund-raising mechanisms--sales, lotteries, etc; and fees for services paid by clients of many services, usually on a scale geared to ability to pay.

### *Planning Agencies*

The Social Planning Council of Metropolitan Toronto's functions are:

- to facilitate citizen participation and decision-making on social issues; to set alternatives for action on social problems and advocate solutions and reforms;
- to promote, for disadvantaged persons, access to goods, services and opportunities on a level, not of mere subsistence, but of social well-being; in the areas of citizen participation, social issues and services;
- to act as an independent researcher, a storehouse of knowledge, informer of the community, and critic.

The two Metro-wide voluntary denominational planning councils, the Council of Catholic Charities and the Council of Jewish Social Service Agencies, see themselves as primarily responsible for the co-ordination and development of services to their specific communities. These organizations receive and store a great deal of information about their communities' needs and are engaged in considerable consultation and collaboration both with member agencies and other community groups about the needs and resources in each organization's area of concern.

There are also a number of geographically-oriented social planning bodies (eg. the Etobicoke Social Planning Council - an affiliate of the Metropolitan Toronto Social Planning Council). These councils and co-ordinating committees serve neighborhood, district, or area municipality catchment areas. Another group of planning and co-ordinating bodies have an interest group orientation (e.g. organizations concerned with the needs of youth, aging, family life education, offenders, etc.).

A number of indigenous, self-help, advocacy groups have sprung up and grown during the last decade. The aim of these organizations vary from attempting to change features of the existing service system to developing alternative forms of the same services.

Some of these groups emerged in response to the availability of the federal Local Initiatives Program and Opportunities for Youth funds. Many others arose spontaneously as citizens joined together to solve their own problems by meeting needs agencies could not respond to, or by providing new kinds of arrangements for delivering services in which traditional agencies were not prepared to work. A major factor in the development of these groups was the recognition that clients must speak for themselves in planning for social services involving public decision-makers rather than relying upon those who provide the services to speak for them.

#### THE SOCIAL SERVICE POLICY-MAKING PROCESS IN METROPOLITAN TORONTO

It becomes obvious from reviewing the wide range of services and agencies that there is a very bustling, extensive communications network among the various social services in Metropolitan Toronto.

What happens to make private problems public issues? Sometimes a problem becomes a matter for public debate because a number of people experiencing the same difficulties have voiced their concern; perhaps they found each other and banded together to act, to call the



community's attention to the situation, or to try and influence agencies or others in power to change the situation.

It is often the front line workers in agencies who define a problem experienced by their clients and transmit it upwards through their agency's administrative communications line. A policy issue developed in this way will likely be first debated between two or more people at the agency's managerial level where they attempt to devise a response to the problem within the agency's existing policies. If they sense this is impossible, they may take it to an inter-agency council, a social planning body, an inter-departmental group, etc. Sometimes concerned officials invite clients or advocates of clients to group themselves together, and meet with them to discuss further action.

On other occasions, a private problem becomes a policy issue, not because it is perceived as a societal problem to the person who experiences it, but because that person is a problem to the rest of the community. This is a common route from which policy issues emerge regarding the needs for protective and regulatory services which are seen as necessary in the public interest as much as in a client group's interest. Examples would include the development of half-way houses, detention homes for juveniles, and services for alcoholics.

Professionals and administrators, attempt to sense changing community situations, and because they have appropriate resources easily available, may respond more quickly than the general public. The latter takes longer to mobilize, especially if community development resources are not available to provide help, such as negotiating through the very complex bureaucratic network of agency services. When there is a discrepancy between the response devised by concerned professionals and the responses that client and citizen groups want, a conflict emerges that requires resolution before adequate planning can occur.

There is considerable variation in the degree to which elected officials and boards of private institutions do involve themselves in the resolution of policy issues. The Social Service Committee of the Metropolitan Toronto Council has recently provided vigorous visible leadership

in generating policy debate prior to making decisions, in stimulating citizen advice, analysis, and participation in all stages of the policy-making phase, and in clarifying elected officials' policy-making responsibilities.

Boards of voluntary agencies vary greatly in the way they fulfill their functions. The Social Planning Council of Metropolitan Toronto, for example, through its recently established Social Issues Committee, tells its Board about issues on which the Council might consider taking a public position. Through this mechanism the Board has begun to debate such issues and work out agreements on positions much more often and with far greater attention than previously.

In brief, two emerging trends can be identified, in the policy-making process in the Metro social service field. The first is that recently, in addition to traditional interest groups and significant actors, many of whom have been involved on the boards of a number of agencies, new interest groups and significant actors have entered the arena to establish a role for themselves in the policy-making process. These are largely, but not exclusively, representative of sectors of the population formerly excluded from the decision-making process (ie. low income citizens, citizens of minority groups, client groups, etc.).

The second trend is somewhat less clear and less discernable. In addition to the expected policy-making pattern of gradual growth and expansion by autonomous service agencies (a policy stance that always included lip service support for the notion of co-ordination), there appears to be an increase in the number of examples of collaboration or integration as opposed to simple co-ordination. For a long time co-ordination meant coming together and telling one another what each is doing, then going away and continuing to work independently.

There are now a small but growing number of instances in which agencies are seriously involved in experimental efforts to collaborate or integrate their services despite the policy implications of giving up some degree of autonomy, struggling to cope with dual accountability, and having to restructure financing and administrative patterns to accomplish this.

A still unanswered question is whether and to what degree such developments have occurred out of a technocratic pressure to rationalize service delivery, or in contrast, out of an increased sensitivity and responsiveness to citizens' demands.

## CHILDREN'S AID SOCIETIES

### Historical Development of Children's Aid Services in Toronto

The Toronto Children's Aid Society, incorporated in 1891, was chartered under provincial legislation passed in 1893, called *An Act for the Prevention of Cruelty to and Better Protection of Children* (Children's Protection Act). About this time the archbishop of Toronto also decided a Catholic group should be established under the *Children's Protection Act*, and in 1894 the Catholic Children's Aid Society was incorporated under *An Act Respecting Benevolent Provident and Other Societies*.

The *Children's Protection Act* of 1893 ushered in an era of modern welfare legislation; legislation related to children was consolidated, introduced and amended over the years. In 1908 some existing acts pertaining to children were consolidated and the first *Child Welfare Act* was passed. In 1921 the *Children of Unmarried Parents Act* was passed. Several acts were consolidated in 1954 to become the *Child Welfare Act*, a piece of legislation regarded as the most significant for children anywhere in Canada. (9) Four major sections provide legislation about officers of Children's Aid Societies, the protection and care of neglected children, the protection of children born out of wedlock, and adoption.

With the creation of the Municipality of Metropolitan Toronto in 1954, a committee was established by the Metro Welfare and Housing Committee which prepared a report on the "Proposed Realignment of the Jurisdiction of the Children's Aid Societies operating within the Metropolitan Area". The report was adopted by Metro Council in 1956. At that time both Toronto Societies took responsibility

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(9) The new legislation consolidated the former *Adoption Act*, *The Children of Unmarried Parents Act*, and *The Children's Protection Act*.

for all the territory in the Metropolitan Toronto area.

Revisions to the legislation in 1960 and amendments in 1961 and 1962 form the basis of the present *Child Welfare Act* of 1965 (see Table 3-01). The constitution of each Children's Aid Society changes from time to time to meet the requirements of this Act.

TABLE 3-01

Provincial Legislation Pertaining to Children's Aid Services  
Administered by the Ministry of Community and Social Services

Child Welfare Act

Prescribes duties of director, purposes of the Children's Aid Societies, standards of service, composition of boards of directors, submission of estimates, budget appeal mechanisms, shared funding between province and municipality, capital expenditures, the opening of a protection case, procedures for obtaining wardship on a child, Children's Aid's duties towards wards, the protection of children born out of wedlock, maintenance agreements, affiliation orders, adoption procedure, and allows the Lieutenant-Governor in Council to make new regulations.

Child Welfare Regulations

Prescribes requisite qualifications of professional staff, definition of operating expenditures, definition of capital expenditures, recording and reporting duties of staff, and legal forms to be submitted to the provincial government.

New regulations can be made by the Lieutenant-Governor in Council about additional duties of the director, keeping of records, standards of service, Children's Aid Society by-laws, assessment of population for budget purposes, determination of proportions

(continued on pg. 159)



TABLE 3-01  
(continued)

of approved estimates, manner of paying estimates, special needs of children, construction of buildings, procedural matters, fees, forms, and any other changes deemed necessary.

#### Charitable Institutions Act

Prescribes funding of capital expenditures for residential facilities in use by the society, allowing \$5,000 per bed for a new facility, \$1,200 per bed for a renovated facility.

#### Deserted Wives and Children's Maintenance Act

Prescribes the responsibilities of the putative father to pay support to his child and the mother of his child. There are appeal mechanisms.

Source: Ministry of Community and Social Services

### Funding Provisions

#### *Operating Costs*

A Children's Aid Society (CAS) now receives funds from both provincial and Metro governments, shared on a 60/40 basis respectively. This 60/40 split does not apply, however, for services to children of unmarried mothers and services to Indian children. The costs of these services are fully paid for by the provincial government through the Ministry of Community and Social Services. With these costs taken into account, the provincial government pays an average of 70 per cent of all CAS costs in Ontario.

The CAS budget must first be approved by the Metro government and then by the provincial Ministry of Community and Social Services. If the municipality requests a budget cut the provincial share of funding is reduced proportionately. Either the Society or the municipal

council may appeal a budget disagreement to the Ministry of Community and Social Services and ask that the matter be referred to a Child Welfare Review Committee whose decision is final. The Committee chairman is appointed by the Minister, one member by the local council and one by the Ontario Association of Children's Aid Societies.

The provincial government is partially reimbursed for its CAS funding. Under the Canada Assistance Plan (CAP) the federal government, through the Department of National Health and Welfare, contributes 50 per cent of a CAS's total operating budget to the provincial government, as well as fully covering the services to Indian children and children of unmarried mothers.

### *Capital Costs*

The Ministry of Community and Social Services contributes 25 per cent towards the costs of building administrative structures, the remainder being made up by Metro or by private fund-raising programs.

Residential buildings, such as group homes, are funded under the provisions of the *Charitable Institutions Act*, at the rate of \$5,000 per bed for a new facility and \$1,200 a bed for an old facility. However, there is some flexibility and planned facilities are generally judged on an individual basis in terms of perceived need.

CAS's have always received some public funding for both operating and capital costs. The present funding formula came into effect with the *Child Welfare Act* of 1965. Under the Canada Assistance Plan (CAP) there are federal transfer payments to the province on an approved cost basis for CAS services. These federal funds form a large portion of the provincial monies paid to CAS's.

Changes may soon be made however. Bill 4, now before the provincial legislature, provides for an 80/20 split for all services, with the province paying the larger share. This Bill will also remove all financial provisions from the *Child Welfare Act* and move them into the Regulations where they are more easily altered. Upon final approval, Bill 4's provisions will be retroactive to January 1, 1975.

TABLE 3-02

Cost Sharing Proportion of Funding Received  
from Provincial and Metro Governments

*Catholic Children's Aid Society  
of Metropolitan Toronto*

	<u>1970</u>	<u>1974</u>
Provincial share*	75.3%	70.5%
Municipal share	24.7%	29.5%

*Children's Aid Society  
of Metropolitan Toronto*

	<u>1968</u>	<u>1973</u>
Provincial share*	75.6%	69.5%
Municipal share	22.8%	27.7%

\* includes federal transfers under CAP

Source: Annual Reports, Catholic Children's Aid Society of Metropolitan Toronto, Children's Aid Society of Metropolitan Toronto.

Organization of the Two Children's Aid Societies

Children's Aid Societies are organized on a county or district basis. Each Society is incorporated under the *Corporation Act* with a board of directors and a nine-member executive committee that must include at least four representatives from the council of the municipality the Society serves. The local director, the Society's administrative head, is in charge of the organization's staff and operations and is responsible to the board.

### *Composition of Boards*

Board members are elected annually from and by the Society's membership. The Children's Aid Society of Metropolitan Toronto has 29 board members, the Catholic Children's Aid Society has 27; each board has four municipal elected representatives appointed by Metro Council. Board members also work on standing committees in each Society and so have input on policy decisions.

### *Board Committees*

#### Children's Aid Society of Metropolitan Toronto

Executive Committee  
Social Issues Committee  
Investment Committee  
Long Range Planning Committee  
Nominating Committee  
Family Services Committee  
Property Committee  
Public Relations Committee  
Volunteer Committee  
Social Work Services Committee  
Personnel Committee  
Children in Care Committee  
Education Committee  
Planning Committee  
Finance Committee

#### Catholic Children's Aid Society of Metropolitan Toronto

Executive Committee  
Budget and Finance Committee  
Nominating Committee  
Personnel Committee  
Public Relations Committee  
Scholarship and Training Committee  
Volunteer Committee  
Moral Issues Committee  
Planning Committee  
Property Committee  
Pension and Welfare Committee

Each Society's by-laws provide for the election of board members, their duties, their functions, and the frequency of meetings.

### *Branch and District Offices*

Each Metropolitan Toronto Children's Aid Society is responsible for providing services to all Metro. Each has a central office in downtown Toronto, with district or branch offices to service areas not covered by these central facilities. The central downtown offices are also considered branch offices with local responsibility for their jurisdictional areas. (See Table 3-03)



TABLE 3-03

Coverage by Society's Branch Offices

*Children's Aid Society of  
Metropolitan Toronto*

<u>Branch Offices</u>	<u>Area Served</u>	<u>Sub-Offices</u>
Metro Central Branch	City of Toronto, York, East York	4
Scarborough Branch	Scarborough	1
North York Branch	North York	1
Etobicoke Branch	Etobicoke	0

(There are also three project offices, or community prevention programs: one in Regent Park, one at Warden Woods and one at Lawrence Heights, served by the Metro Central Branch, the Scarborough Branch and the North York Branch respectively).

*Catholic Children's Aid Society  
of Metropolitan Toronto*

<u>Branch Offices</u>	<u>Area Served</u>	<u>Sub-Offices</u>
Central Branch	City of Toronto, York, East York	3
North-East Branch	North York, Scarborough	0
West Branch	Etobicoke, City of Toronto	1
Project Office	Regent Park	

Internal Organization

*Children's Aid Society of Metropolitan Toronto*

This Society is in a state of administrative flux. However, the present structure is as outlined in Figure 3-02. The Society is now re-thinking which services are most appropriately administered at a central level and which are best delivered at the level of the local branch.

## *Catholic Children's Aid Society of Metropolitan Toronto*

The organization of the Catholic Children's Aid Society is outlined in Figure 3-03.

### Program Description

Children's Aid Societies protect children through family counselling and supervision, either in the child's own home or in CAS facilities (receiving homes, foster and group homes, and adoptive homes). Services are also given to unmarried parents and adoptive and foster care applicants.

#### *Protection and Prevention Services*

The Societies are responsible for protecting children from both physical and emotional neglect and abuse, and for providing services to prevent this protection becoming necessary.

Prevention services are designed to offer families help before serious intervention, such as removing a child from home, is needed. The services are intended to be available to all members of the community and may include giving family support services, such as homemaking, visiting nursing and emergency financial assistance. Other assistance may be community-based services designed to teach the community self-help techniques.

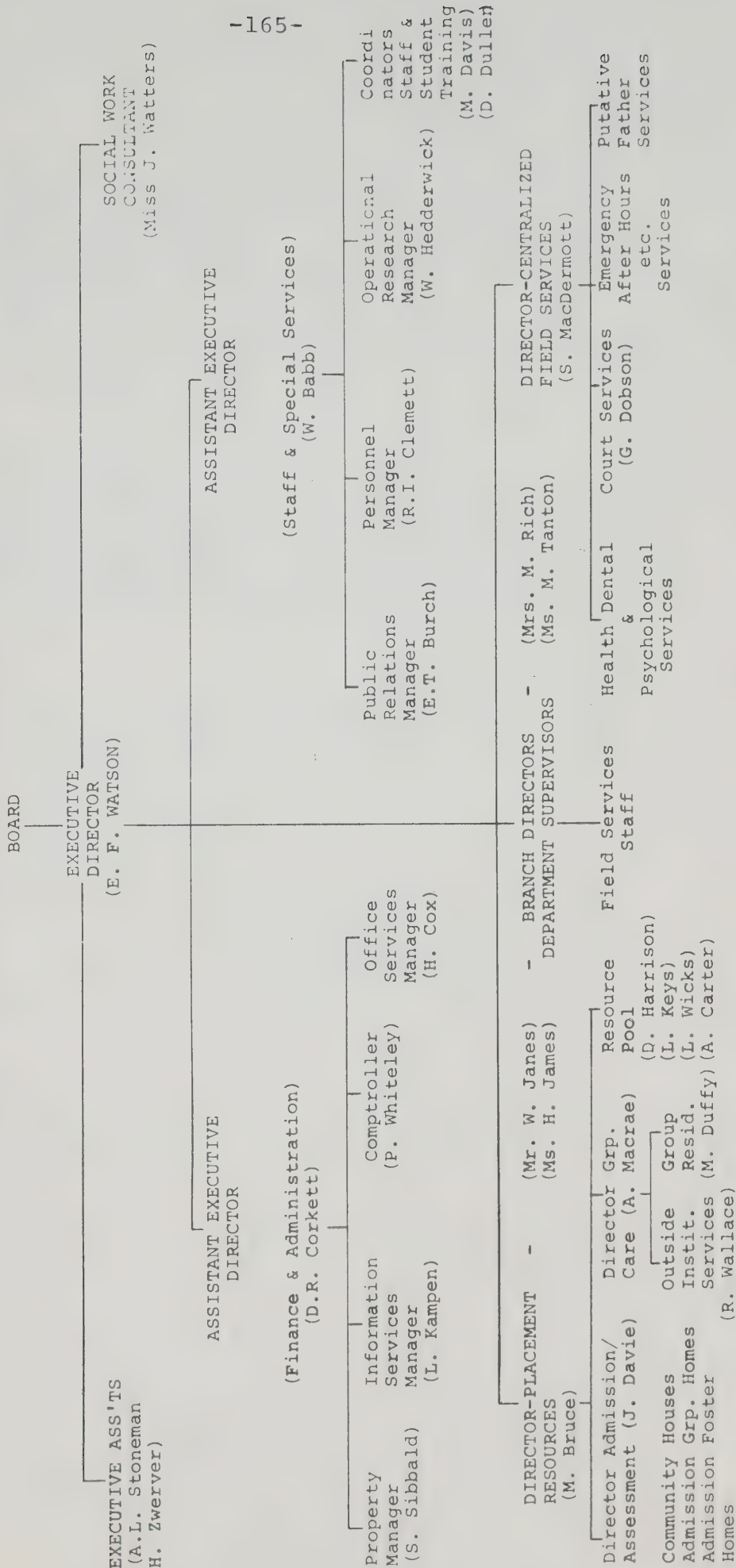
#### *Child Care Services*

CAS's are responsible for looking after children who are neglected, abused or deserted by their parents. There are several ways of doing this.

A child may be non-ward, in which case only parental consent is necessary. He may also be a Society ward (temporary) for up to two years or a Crown Ward (permanent). Both situations require court hearings and make the CAS the child's legal guardian.

Figure 3-02

CASMT - ORGANIZATIONAL STRUCTURE - JANUARY 1975



SOURCE: Courtesy Children's Aid Society of Metropolitan Toronto

THE CATHOLIC CHILDREN'S AID SOCIETY OF METROPOLITAN TORONTO  
ORGANIZATIONAL CHART



SOURCE: Manual of Operating Documents,  
Catholic Children's Aid Society of Metropolitan Toronto.



Wards are cared for in foster homes, group homes, receiving homes or institutional facilities when the child has special problems best looked after in these settings. Crown wards may be legally adopted; non-wards may also be adopted, with parental consent.

While the child is in CAS care, the Society is responsible for his medical care and education; in fact the CAS stands in for the parents.

#### *Foster and Adoptive Home-Finding*

Children looked after by the CAS must be placed in foster and adoption homes, so an active program to find suitable homes is necessary. Foster and adoptive parents willing to accept children with health or behavioural problems are particularly in demand and are energetically sought out.

The CAS must also provide foster parents with guidance on how best to care for wards. Adoptive parents must also go through a period of at least six months "adoption probation" while a social worker provides them with guidance.

#### *Service to Unmarried Parents*

A single pregnant female of any age may use CAS counselling services. The Society outlines the alternatives open to her and she may choose to keep the child, give it up for adoption, or allow the Society to look after the child for a brief time until she makes a decision. If she decides to keep the child, counselling services may be continued.

The putative father is also offered counselling and the Society tries to obtain financial support for the mother and child from him, should the mother keep the child.

The Societies work closely with other social service agencies and public health units in the identification of children in need, and for additional services which may be required.

### Social Trends Affecting Children's Aid Services

The number of unmarried mothers keeping their babies has greatly increased in the last few years, and this trend, in addition to a general decline in the birth rate, has several implications for Children's Aid Services. (see Table 3-04)

First, fewer babies are available for adoption so many people applying to adopt a baby are unable to do so. Older children, and children with conditions that formerly labelled them as unadoptable (e.g. mongolism, mixed racial background, physical handicaps) are now being placed in adoptive homes partly due to the shortage of infants. (This trend is also partially caused by information programs that have publicized the existence of such children and their need of adoption homes).

*The Child Welfare Act* of 1965 mandated CAS's to prevent circumstances that necessitate the removal of a child from his home. This has caused a shift in casework orientation and a tendency has emerged to deal with the family as a group rather than simply trying to "protect" a child from his family's problems. Support services such as visiting homemakers, day care and visiting nurses are increasingly supplied in an attempt to keep the child in his own home. Community self-help programs, through projects being operated at Lawrence Heights, Warden Woods and Regent Park by the Metro CAS and at Regent Park by the Catholic CAS, have started to help individuals become self-sufficient rather than reliant on a social worker. These programs are also considered preventive.

With a decreased number of children in CAS care and the attempts to keep a child in his own home as long as possible, children now coming into CAS care are older and, in many cases, more emotionally damaged.

This trend has clear implications for CAS service in terms of staffing and residences. Nurses previously hired to look after infants in CAS care are not necessarily the kind of staff needed for disturbed older children. Older children are also better off in a group home, staffed by professional group home parents, rather than in foster homes. (See changes in staffing patterns Table 3-05).

TABLE 3-04

Selected Statistics on Changing Caseloads in the  
Two Metropolitan Toronto Children's Aid Societies

*Caseloads, 1969 and 1974*

Catholic Children's Aid Society  
of Metropolitan Toronto

	<u>1969</u>	<u>1974</u>	<u>% Change</u>
Protection Cases	1345	1577	+17.2%
Unmarried Mother Cases	669	552	-17.5%
Children in Care	2178	1411	-35.2%
Completed Adoptions	<u>617</u>	<u>270</u>	<u>-56.2%</u>
Total	<u>4809</u>	<u>3810</u>	

Children's Aid Society  
of Metropolitan Toronto

	<u>1969</u>	<u>1974</u>	<u>% Change</u>
Protection Cases	<u>2032</u>	<u>3038</u>	+49.6%
Unmarried Mother Cases	1078	262	-75.5%
Children in Care	3441	2168	-37.0%
Completed Adoptions	<u>1777</u>	<u>366</u>	<u>-79.4%</u>
Total	<u>8328</u>	<u>5834</u>	

*Changing Age Composition of Children in Care*

Catholic Children's Aid Society  
of Metropolitan Toronto

<u>Age</u>	<u># (1969)</u>	<u>% (1969)</u>	<u># (1974)</u>	<u>% (1974)</u>
0-4	1681	48.9%	491	22.6%
5-12	953	27.7%	768	35.4%
13-+	<u>807</u>	<u>23.5%</u>	<u>909</u>	<u>41.9%</u>
Total	<u>3441</u>	<u>100.0%</u>	<u>2168</u>	<u>100.0%</u>

Children's Aid Society  
of Metropolitan Toronto

<u>Age</u>	<u># (1969)</u>	<u>% (1969)</u>	<u># (1974)</u>	<u>% (1974)</u>
1-4	868	39.9%	300	21.3%
5-12	683	31.4%	494	35.0%
13-+	<u>627</u>	<u>28.8%</u>	<u>617</u>	<u>43.7%</u>
Total	<u>2178</u>		<u>1411</u>	

Source: Annual Reports: Catholic Children's Aid Society of  
Metropolitan Toronto; Children's Aid Society of  
Metropolitan Toronto.

TABLE 3-05

Staffing Patterns of the Children's Aid Societies  
in Metropolitan Toronto

<i>Category of Staff</i>	<i>Catholic Children's Aid Society of Metro- politan Toronto</i>		<i>Children's Aid Society of Metro- politan Toronto</i>	
<i>Category of Staff</i>	1969	1974	1969	1974
Social Workers	152	142	225	242
Supervisors	29	32	44	36
Administration	10	10	22	20
Institutional	22	38	111	174
Total	213	222	402	472
% increase over 5 years in above categories of staff		4.2%		17.4%
% change in total caseloads over 5 years 1969-74 (See Table 4-04 )		-20.7%		-30.0%
% change in Protection cases 1969-74 (See Table 4-04 )		+17.2%		+49.6%

Source: Ontario Ministry of Community and Social Services



## Areas of Concern

### *Government Involvement*

Children's Aid Societies are subject to both public and private authority. Since their inception they have received public funds for their operations. Provincial and municipal governments have the power to approve budgets; the provincial government has also set certain service standards through *The Child Welfare Act* and Regulations. At the same time CAS's are privately incorporated bodies.

Provincial government take-over of CAS's has been suggested occasionally, notably in the Urwick-Currie report of 1969. (10) The provincial Hanson Task Force Report of 1974 also presented some strong arguments favouring government take-over, but stopped short of formally recommending it. (11)

The two Metro Children's Aid Societies realize a government take-over by the province of their operations is not impossible or unlikely, given the large amount of public funds they receive; but they do not favour such a move. They feel local involvement in CAS services, volunteer commitment and the ability to gear programs to local needs would suffer if this happened.

There has been little discussion of integration of the functions of the Children's Aid Societies with the Metropolitan government, although this could be an alternative form of organization.

### *Board of Directors*

Before public funding reached its present level, CAS boards of directors had to do a certain amount of fund-raising, particularly for capital expenditures. This fund-raising is now almost non-existent since public funds cover virtually all expenses.

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- (10) Urwick-Currie, *A Study of the Managerial Effectiveness of Children's Aid Societies in Ontario*. 1969.
- (11) Task Force on Community and Social Services, *Report on Selected Issues and Relationships*, January 1974, pg. 55-60.

The board of directors type of management was criticized in briefs to the Hanson Task Force. Boards were accused of being unrepresentative of the whole community, elitist, self-perpetuating and prone to manipulation by a persuasive local director.

But the Task Force cautioned that these criticisms may not be validly leveled at all boards of directors, as there is great variation from Society to Society.

It also pointed out that although fund-raising has virtually ceased to exist as a board function, these bodies continue to perform a variety of useful services, such as encouraging volunteer involvement, keeping the director of the Children's Aid conversant with local concerns, and maintaining contact with other local delivery agencies and local municipalities.

There are certainly arguments for and against the continuance of boards of directors as a system of management, and the Hanson Task Force made no firm recommendations in either direction.

#### *Possibilities of Amalgamation - Sectarian Considerations*

Toronto is one of three Ontario cities with both a Catholic and a non-denominational Children's Aid Society. Each Society operates under the same mandates and statutes and performs the same functions, raising some questions about the administrative efficiency and economy of such an arrangement.

However, service delivery in the Catholic Children's Aid Society is certainly influenced to some extent by sectarian considerations. Pregnant women may never be counselled to seek an abortion. The Catholic Society will search internationally, if necessary, for a suitable Catholic home for a child rather than placing him in a local Protestant home. (*The Child Welfare Act* states that no child may be denied a home on the basis of religion, but the Act also says that, wherever possible, children should be placed in homes of their own religion).

One obvious difference between the two Societies at this point appears in the unmarried mother statistics. Between 1969 and 1974 the Children's Aid Society of Metropolitan Toronto's unmarried mother caseload decreased by

more than 75 per cent and the corresponding decrease for the Catholic Children's Aid Society was 17.5 per cent. (See Table 3-04).

Sectarian considerations influence, to some extent, the way some services of the Children's Aid Societies are delivered. The impact of this would have to be evaluated before amalgamation could be considered.

## CHAPTER 4

### RECREATION

#### INTRODUCTION

Recreation can be defined rather generally as "all those things that a person, or a group, chooses to do in order to make leisure time more interesting, more enjoyable, more worthwhile and more personally satisfying". (1) Many people, however, think of recreation more in terms of physical activity. There is little agreement about the definition of recreation and the issue is often debated.

In this chapter, the provision of public recreation services, programs and facilities in and around Metropolitan Toronto will be examined. Most recreation, loosely defined, is not directly connected with the public sector and recreation budgets, facilities and programs represent only "opportunities" for participation. As parks and open space represent opportunities for passive as well as active recreation, they will be considered as important recreation facilities as well.

Five levels of "government" are involved in one way or another with recreation: federal, provincial, Metropolitan Toronto and Region Conservation Authority, Metropolitan Toronto and the area municipalities.

In addition, the private (commercial) sector has an extensive involvement in recreation through such facilities as private golf clubs, fitness clubs and recreation facilities located in apartment complexes and private premises. The number of such facilities and the use of them has increased significantly in recent years. They are not included in this review, although some mention will be made of the relationship between private groups (clubs, etc.) and non-profit groups and the various levels of government.

#### FEDERAL GOVERNMENT

Federal government involvement in recreation is two-fold -- the provision of a national parks system and grants or

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(1) Ontario Arenas Association, Ontario Municipal Recreation Association, Ontario Parks Association and Ontario Recreation Society, *Brief to Robert Welch, Minister of Culture and Recreation*, February, 1975.



transfers to various groups including sporting groups and informal summer work groups. A number of student groups and others from the Metro area in the past several years have been funded through the Local Initiatives Program (L.I.P.) to provide activities such as day camps for children and recreational programs for the elderly. These programs are generally limited to one summer and often leave a vacuum when they cease to be funded.

Unrelated to parks or grants has been the federal government's recent appropriation and initial development of "Harbourfront", a multipurpose complex more than a mile in length along the lakeshore in downtown Toronto. It contains such facilities as a children's drop-in centre, a crafts centre, art gallery and theatre. The land is owned by the Department of Public Works and is managed by the Ministry of State for Urban Affairs. The Intergovernmental Waterfront Park Committee, which consists of the Minister of State for Urban Affairs, the Treasurer of Ontario, the Metro Chairman and the Mayor of the City of Toronto, has established a steering group composed of representatives from the four levels of government involved. This steering group is responsible for planning and policy guidelines. (2) Although there is mixed land use (industrial and residential) the area's main attraction appears to be cultural and recreational. Community groups, schools and other organizations are encouraged to visit the area and make use of the facilities. Admission is free and bus transportation is provided.

#### PROVINCIAL GOVERNMENT

The provincial government is responsible for recreation policy planning and co-ordination at the provincial level and all junior levels of government. Legislation is formulated here which sets the stage for and has a dramatic impact on recreation activities. Later in this section relevant legislation will be summarized.

There are at least 10 ministries which are involved in recreation in one way or another. Only the most important will be dealt with: The Ministries of Culture and

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- (2) More recently, the federal government announced that it will establish an new Board to direct the operations of Harbourfront, to be composed of citizens. *Globe and Mail*, May 13, 1975.

Education, Industry and Tourism, and Treasury, Economics and Intergovernmental Affairs.

Ontario has no overall recreation policy even for the public sector. A characteristic statement is found in a paper prepared by the Outdoor Recreation Policy Advisory Group in the Ministry of Natural Resources: "The Province of Ontario has never committed itself to the preparation of a public outdoor recreation plan". The group proposes the following objective for such a plan: "to provide opportunities for (a) a wide variety of outdoor recreational experiences accessible to and for the continuing benefit of all people of Ontario and (b) an optimum continuing contribution to the economy of Ontario and its regions from the tourist industry". (3)

Under The British North America Act and The Transfer of Resources Act, 1930, the province has complete control over its outdoor recreation resources in terms of land. It is the federal government's responsibility to preserve the natural heritage of the country, but national parks can only be established if a province gives the land free of all incumbrances to the Government of Canada.

The Ministry of Natural Resources, Parks and Recreation Division, is responsible for 115 provincial parks in Ontario with a total acreage of 10.4 million and over 12 million annual visits. (4)

There are different categories of parks depending on their prime purposes. The seven provincial parks that are within 70 miles of Metro (a reasonable distance for day-use visitors) are all classed as "recreational" parks. This category indicates that their prime function is for day-use picnicking, swimming and for overnight camping. The parks are listed followed by their acreage and 1973 attendance: (5)

Sibbald Point	500; 106,975	Darlington	380; 50,060
Wasaga Beach	344; 100,141	Springwater	116; 12,253
Earl Rowe	773; 76,231	Devil's Glen	150; 9,577
Bass Lake	158; 50,155		

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- (3) The Ministry of Natural Resources, Government of Ontario, *Towards an Outdoor Recreation Policy for Ontario*, pg. 46.
- (4) The legislation affecting provincial parks is *The Provincial Parks Act*, *The Parks Assistance Act* both R.S.O., 1970, and *The Provincial Parks Municipal Tax Assistance Act*, 1974.
- (5) All figures are from Ontario Ministry of Natural Resources, *Ontario Provincial Parks Statistical Report*, 1973.

Most of these parks are north of Metro, reasonably accessible by highway and a large proportion of their users are Metro residents. There are other provincial parks which are heavily used by people from Metro, including the 186 million acre Algonquin Park, classed as a natural environment park. Its 1973 attendance was 870,327 persons.

"The present outdoor recreational system is too remote from the urban population to offer an equitable supply. The lack of recreational opportunities is particularly acute in the Metro centred region." (6) This statement was a conclusion in a recent rigorous study of supply and demand which recommended an 80 per cent increase in provincial recreational facilities for both day use and camping by 1980 in the Metro region generally. The study concludes that the province is the logical co-ordinator of outdoor recreation but that much progress is needed in developing efficient and equitable arrangements with the federal government, with other levels of government and with the private sector in order to meet recreation space demands. Increased grants from senior to other levels of government as well as more co-operation are considered necessary to meet these needs.

#### Sports and Recreation Bureau

In 1945 the Ontario Ministry of Education started a Physical Fitness and Recreation Program primarily to give advice and grants to municipalities for recreation programs.(7) By 1959 it had nine field offices. The branch has continued to grow and its name was changed to the Youth and Recreation Branch, but its role has not changed substantially. In 1972, the Branch moved to the new Ministry of Community and Social Services and was renamed the Sports and Recreation Bureau. On April 1, 1975 the Bureau was transferred to the Ministry of Culture and Recreation.

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- (6) *Towards and Outdoor Recreation Policy for Ontario*, op. cit., pg. 44.
- (7) Pogue, G. and B. Taylor, *History of Provincial Services of the Youth and Recreation Branch*, Recreation Review, 2(4): 2-30 and 3(1): 1-86, 1972 (both supplements). This journal is published by the Ontario Research Council on Leisure, a council of government and multidisciplinary researchers set up in 1971.



The new Ministry has as its general goal "to advance and encourage responsible citizenship through the process of cultural and recreational development. (8)

The Ministry includes among other things, arts and culture programs (moved from the Ministry of Colleges and Universities), libraries and community information (from the Ministries of Colleges and Universities and Community and Social Services respectively) as well as the Sports and Recreation Bureau. Although many recreationists in Ontario think the Ministry should have a broader jurisdiction in the recreation field they are hopeful that some form of recreation policy may be forthcoming. Recent briefs (9) to the Minister stress the need for clearer policy, more co-ordination and assumption of direct responsibility for the development of the community school concept of recreational and other shared use of educational facilities. (10) As the structure and policy of the new ministry is unclear as yet, the existing functions of the Sports and Recreation Bureau are described.

The Bureau's objectives are:

- (1) developing insights about the philosophy of leisure;
- (2) promoting organization and development of sport and recreation groups with financial support and provision of resources;
- (3) practitioner development and more effective leadership services;
- (4) encouraging co-operative approaches to the delivery of recreation services at the community level.

The Bureau is divided into five large regions; Metro is part of a sub-region of the Central Region which includes the area encompassed by Hamilton, Barrie and Haliburton.

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(8) *The Ministry of Culture and Recreation Act, 1974.*

(9) Briefs dated February 1975: (1) The Council of Presidents of the Ontario Arenas Association, Ontario Municipal Recreation Association, the Ontario Parks Association, and the Ontario Recreation Society; and from (2) the Society of Directors of Municipal Recreation of Ontario.

(10) *Report of the Ontario Select Committee on the Utilization of Educational Facilities, Toronto, 1974.*



Community program consultants from the field service section are located at 13 regional offices; Metro Toronto is in region seven, along with the Regional Municipality of Peel, the cities of Oshawa, Ajax, Whitby and the Township of Pickering. (11)

These consultants help co-ordinate recreation groups and programs, and help plan program and leadership training events for municipal, non-profit and other groups. They prefer to deal with groups through municipal departments of parks and recreation.

The Bureau has specialist consultants in a number of recreational areas (crafts, creative play, youth, therapeutic recreation, etc.) and also has an extensive research library at its head office in Toronto. The Bureau co-ordinates the writing and distribution of such things as training manuals and program ideas.

Total provincial financial assistance is provided on a limited basis for innovative recreational programs and leadership training for sport, recreation and community groups (\$500,000 in 1974-75) and grants to non-profit (children's) camps (\$84,000 in 1974-75). The Bureau also operates Bark Lake, the Ontario Camp Leadership Training Centre, for training outdoor recreationists and camp counsellors. Some special community projects are also supported (\$991,000 in 1974-75). These include Youth in Action, a summer program for students. In addition to these transfers, there are other funds for groups working directly with the Bureau. Three support programs administered by the Bureau are of direct concern to municipalities. They are: arena managers grants recreation program grants; and community centres support.

There is no direct public input to the Bureau, but agencies frequently make representations and field personnel operate as go-betweens. Ad hoc committees are set up to deal with issues that involve other departments. The Ministry estimates revenues from the Olympic and Ontario lotteries for 1975-76 at \$24 million, a large part of

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(11) There is some concern that this region may be too large to be efficient.

which will be spent on sport and recreation in one form or another. The new Ontario Lottery Corporation will report to the legislature through the Minister.

### Other Provincial Ministries

Schools provide recreation programs within their regular and after-school curricula for students and in many cases provide adult education/recreation and summer programs directly or jointly with private agencies or municipalities. There are funds available from the Ministry of Education for this purpose.

In many municipalities there is a very close relationship between the school board and the parks and recreation department or committee and facilities are jointly funded and used. In others, there are problems of the uneconomical use of facilities and the duplication of services or programs can arise.

The Ministry of Community and Social Services administers *The Elderly Persons Centres Act*. This Act provides for transfer payments for construction of centres which may be primarily recreational in nature.

The Ministry of Housing is responsible for supervision of municipal planning and, as such, sets the standards for the creation of parkland and open space in general and in new sub-divisions in particular. The Ministry of Treasury, Economics and Intergovernmental Affairs plans for the Parkway Belt and the Niagara Escarpment.

### Provincial Facilities in Metro

A number of provincial facilities that are leisure-oriented, and therefore at least partially recreational in nature, are located in Metro. The Ontario Art Gallery, the Royal Ontario Museum and the Ontario Science Centre were all transferred to the new Ministry of Culture and Recreation from the Ministry of Colleges and Universities on April 1, 1975. Ontario Place (Corporation) remains within the Ministry of Industry and Tourism. Ontario Place has a significant area of parkland (96 acres total space) with recreational attractions such as pedal boat

rental, miniature golf and a marina. It has a popular two-acre children's village containing elaborate playground equipment.

### Provincial Legislation Affecting Recreation

In this section, legislation, particularly that affecting local levels of government, is outlined.

#### *Municipal Parks*

*The Public Parks Act* and *The Municipal Act* provide municipalities with the authority to acquire and own parkland by passing a local by-law. They may also enter into an agreement with other municipalities to this end.

The Board of Park Management must meet at least once a month and may either be composed of the mayor and six other municipal residents (non-councillors) or between three and seven resident ratepayers appointed annually by council holding office for three years. In the latter case, if there are more than five persons on the Board, at least two must be members of council. The Board may decide for what recreation activities the park(s) may be used and what types of facilities to put in the park(s). Provincial grants are available only if the park fits into a conservation area definition or meets the criteria of *The Community Centres Act*.

*The Municipality of Metropolitan Toronto Act* (section 16) establishes the two-tier system of parks. Metro may pass by-laws to acquire parkland within Metro and in the adjoining regional municipalities of Peel, Durham and York. The Toronto Islands (except the Toronto Island Airport) were transferred to Metro in 1956.

The Canadian National Exhibition grounds were transferred to Metro from the City in 1965 and the general purposes for which they can be used (parks, entertainment, sport, etc.) were prescribed. Metro has the power of a Board of Park Management. The Canadian National Exhibition Association (CNEA) may act as an agent for the Metro Corporation. The Metro Toronto Zoological Society may be given full or partial power to operate and manage a zoological garden,

subject to any guiding by-laws passed. In addition, the legislation provides that the O'Keefe Centre and its grounds may be held by Metro and run by a separate Board of Management.

### *Sports and Recreation Regulations*

This section describes regulations administered by the Sports and Recreation Bureau, now under the new Ministry of Culture and Recreation.

The Minister may make regulations concerning adult education, recreation, camping and physical education programs; govern the granting of both municipal recreation directors' and arena managers' certificates and authorize the council of a municipality or regional municipality to appoint a recreation committee (or a joint recreation committee in some cases). The regulations prescribe that the municipal council may, by by-law, appoint a recreation committee that must have at least five and not more than 12 members; at least two must be members of council. A municipality must have this committee to be eligible for grants (see below).

The Minister may prescribe definitions of approved recreation programs, recreation directors' qualifications, etc. and may decide on what basis to allocate funds. Agreements can be made directly with municipalities.

The Ministry is involved in a complex program of certifying both arena managers and recreation program directors. For the former, in-service training and/or five years experience is the criterion. For the latter, interim and permanent type A and type B certificates are based on education, years of experience and the extent of professional development.

Annual grants are available to municipalities with certified arena managers at \$400 per arena; the maximum allowable per municipality is \$1,200 yearly, even if the municipality has more than three arenas each with a certified arena manager.

A complex formula exists for grants to councils with recreation committees operating recreation programs to be applied against approved maintenance and operating costs (everything but leadership salaries) for expenditures approved by the council. Grants are tied to the number of certified staff with a maximum of \$2,500 annually



director or assistant. Other recreation staff are supported at the rate of \$500 each. In addition, 25 per cent of operating and maintenance costs, not to exceed \$1,000, is claimable.

The regulations specify the maximum grants available to municipalities for recreation based on the municipality's population. The maximum amount for municipalities with a population of 75,000 to 200,000 is \$12,000; aid for those with a population greater than 200,000 is \$15,000. Scarborough, for example, had a 1973 parks and recreation budget of \$5,775,000 and received only the \$15,000 maximum grant under this program.

These totals are insignificant as far as Metro municipalities are concerned.

### *The Community Recreation Centres Act*

A new Act, *The Community Recreation Centres Act*, was passed in 1974 to replace the more limiting *Community Centres Act*. The regulations for the new Act came into effect in mid-April, 1975.

Under the old *Community Centres Act*, a council could apply for a grant for any number of facilities among the following: a community hall, athletic field, skating arena, outdoor skating rink, and an indoor or outdoor pool. Other items such as tennis courts could be included in expenditure statements if they were on athletic fields. (Note that there was some incentive here to put some athletic facilities in parks to make them eligible.) In all cases, percentages were of the cost of construction, alteration, extension, acquisition or renovation of buildings, parts of buildings, or facilities. The grants were the lesser of:

- (1) \$10,000 or 25 per cent of the costs of a community hall or skating arena, an athletic field or outdoor rink.
- (2) \$15,000 or 25 per cent of the costs of buildings housing indoor pools and outdoor pools.
- (3) \$20,000 or 25 per cent of the costs of buildings including both a community hall and indoor pool.

School boards could apply for these terms for athletic fields, outdoor swimming pools and outdoor skating rinks.

Under the new Act, any facility eligible under the old Act is still eligible. School boards may no longer apply after April 1, 1975 but approved corporations (clubs and organizations) may now apply.

The following additional types of facilities are eligible for funding under the new Act: playing fields, tennis courts, snowskiing facilities, fun fitness trails, gymnasia, and cultural centres. Bandshells, curling rinks and bowling greens are still ineligible on their own. The new grant is 25 per cent of costs or a maximum of \$75,000. If an undue financial burden is demonstrated this may be doubled.

The funds available under this program are expected to be increased from \$2.77 million in 1974-75 to approximately \$9 million in 1975-76 under the new legislation.

The policy-making and controlling body is to be the Community Centres Board or, under the new Act, Committee. A joint Board may be established to control all facilities in a municipality. The Board (Committee) is to be appointed annually by council and is to consist of not fewer than three people who are qualified to run for council; if there are five or more people on the boards, at least two must be council members. If an outside municipality contributes toward the cost of a facility it may appoint members. The Board (Committee) may fix rules, select activities and set fees for the use of the facilities.

#### *The Elderly Persons Centres Act*

An elderly persons centre means all or any part of a building or buildings maintained and operated to provide social, recreational or other services for elderly people and may be operated by a charitable group or a municipality. The need for such a centre and the appropriateness of its site, etc. should be demonstrated clearly. Grants are available from the Ministry of Community and Social Services for 30 per cent of the capital cost of acquisition, erection, alteration, etc., contingent upon the municipality paying 20 per cent. Operation and maintenance cost grants of between 20 and 50 per cent of net monthly expenditures are also available but not exceeding \$6,250 per annum. If a project is not eligible for either of the above, a share of the program and service costs may be paid up to a maximum of \$15,000 per annum.

## *The Conservation Authority Act*

The Conservation Authority Act was first passed in 1946 and permits the councils of two or more municipalities within a watershed to agree to meet with the Minister of Natural Resources to form a conservation authority. Regional municipalities (e.g. Metro) must act in lieu of local area municipalities in such cases. The Metropolitan Toronto and Region Conservation Authority (MTRCA) is the conservation authority for the Metro region. Members of an authority must be residents of a participating municipality and are to be appointed by municipal councils. They may not serve more than three years at any one time. The number of representatives from the Metro government on the MTRCA must equal the number of representatives from other participating municipalities. The province appoints the chairman of the conservation authority and may appoint two other members as well.

The general purpose of the Authority is to promote conservation, restoration, redevelopment and management of natural resources. It may buy, lease or expropriate land, and may use lands owned or controlled by the Authority for parkland and other recreational purposes.

The Authority may bill municipalities for capital and maintenance costs in accordance with their share of total benefits from the projects. They are billed for administrative costs, however, on the basis of equalized assessment.

The Authority has significant powers to alter rivers, restrict drainage, limit land use, etc., within its total area. Authority land is taxable for municipal purposes but is assessed as if it were in an unimproved condition.

### METROPOLITAN TORONTO AND REGION CONSERVATION AUTHORITY (MTRCA)

The impetus for the formation of the Metropolitan Toronto and Region Conservation Authority was the disastrous destruction from Hurricane Hazel in 1954. In 1957 MTRCA was constructed from four constituent conservation authorities. The area included 1126 square miles of land inclusive of Metropolitan Toronto's area of 240 square miles.

The purpose of the Authority was to protect against flooding, control rivers and prevent development in flood plain lands. As a result of the acquisition of conservation lands, the Authority has also become involved in recreation activities as these conservation areas have become popular places for outdoor recreation.

The following municipalities are included in the Authority: Metropolitan Toronto, The Regional Municipality of York, The Regional Municipality of Peel, The Regional Municipality of Durham, the Township of Adjala and the Township of Mono (see Figure 4:01). Together they comprise approximately 10 per cent of Canada's population.

There are 55 individual members of MTRCA. The chairman and two other members are appointed by the province and the other members are appointed by the Regional Municipality of York (nine members) other municipalities (17 members) and Metro Toronto (26 members). (12) Metro appoints its members from among the Metro council members by area municipality according to population.

The budget summary of MTRCA is presented below.

TABLE 4-01

MTRCA Budget: Selected Items  
(Thousands of Dollars)

	<u>1973</u>	<u>1974</u>
Administration	\$1,414	\$1,613
Current Operations and Maintenance	1,614	1,628
Current Programs omitting Flood Control	<u>1,525</u>	<u>1,492</u>
TOTAL BUDGET	\$14,224	\$20,868

Source: MTRCA reports

The province, via grants, makes about an equal contribution to the total budget as do the municipal members in aggregate. The province makes a slightly larger contribution to the capital expenditures of the Authority. (13) Of the municipal current levies Metro paid 89 per cent in 1973 and 88 per cent in 1974, (approximately \$1.4 million each year) on the basis of equalized assessment. Metro paid 93 per cent (\$1.87 million) of the 1972-76 municipal capital levy.

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- (12) Some of the appointed council members attend few meetings and are generally not actively involved.
- (13) MTRCA receives 50 per cent grants from the provincial government for most of its projects; and 37½ per cent from the federal government on large flood control projects.



FIGURE 4-01

THE METROPOLITAN	TORONTO AND	REGION	CONSERVATION	AUTHORITY
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In total MTRCA owns 17,288 acres of land. Of this 4,825 acres is controlled by Metro Toronto Parks Department and will be discussed below. There are also 4,232 acres of land not open to the public. All MTRCA's public conservation areas are located outside Metro. There are 14 areas as indicated in Table 4:02 for a total of 8,231 acres. The cost of acquisition of the 12,463 acres of non-Metro controlled land was \$4.05 million and the total costs came to \$9.36 million including development. The Authority has master plans for the acquisition of further lands and the systematic and incremental development of the lands it now owns.

TABLE 4-02

MTRCA Conservation Areas

NAME	ACREAGE	No. of 1972 Visits	Weekday use as % of total use
Albion Hills	981	178,106	21%
Black Creek	117	261,502	-
Boyd	1490	196,580	29
Bruce's Mill	269	157,094	28
Claireville	1554	116,357	20
Claremont	398	17,666	29
Cold Creek	442	43,173	30
Glen Haffy	752	55,447	27
Greenwood	698	53,221	18
Heart Lake	375	124,950	34
Humber Trails	50	5,536	12
Milne	293	14,697	50
Palgrave	565	9,711	-
Rouge	160	28,502	-
Woodbridge	77	27,761	-
	<u>8231</u>	<u>1,290,303</u>	<u>All areas 26.8%</u>

Source: MTRCA

The conservation areas make available large tracts of valley lands, retaining their primitive character as much as possible. All areas have picnic tables, drinking water and toilets. Swimming and boating takes place primarily in reservoirs of dammed rivers and in small lakes.

The MTRCA has now gained an important role in the provision of regional recreational open space and facilities. As seen in Table 4-02, 1.29 million visits were made to conservation areas in 1972. Visits from member municipalities numbered 98 per cent of the total. Visits from Metro residents comprised 61 per cent which is low in relation to relative populations. The conservation authority keeps regular records of user attributes and activities; for example the percentage of users participating in activities is: rest-relaxation - 94 per cent; swimming - 86 per cent; picnicking - 74 per cent; fishing - 9 per cent; hiking - 8 per cent; and boating - 4 per cent.

Black Creek Pioneer Village is rather unique among the areas. It is a reconstructed replica of an early Ontario pioneer village complete with interpretive programs, open all year. For educational purposes, three conservation field centres are also maintained and staffed; they are Claremont, Albion Hills (both with residential facilities) and Cold Creek. School and other groups get a skilled interpretive nature-conservation outdoor education program and field trips in these areas.

In 1970, after eight years of study, MTRCA was selected as the implementing body for the Metropolitan Toronto Waterfront Plan. This 1972-76 plan provides for the acquisition and development of 18 sites along the MTRCA waterfront, excluding a small central section under the jurisdiction of the Toronto Harbour Commission, at a cost of \$20 million. (14) To carry out the plan the Authority set up a staff unit and a Waterfront Advisory Board for direct input. Since master plans had to be approved by the area municipalities (and the province) MTRCA became involved in public participation programs in the municipalities with such mechanisms. Half the cost of this project will be borne by the province but 95 per cent of the other half will be borne by Metro. Metro has entered into an agreement with MTRCA to manage the developed lands that are within its boundaries.

This large project will have an important impact on the population's accessibility to regional open space. A technical task force to share expertise was set up for this project and includes members from the Ministries of Natural Resources, Environment, Treasury, Economics and Intergovernmental Affairs, the Metro Parks, Works and Planning Departments along with the Toronto Harbour Commission.

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(14) Fifty per cent of development funds will come from the provincial government.



### Relationships with Governments

MTRCA has strong relationships with the Ministries of Natural Resources and the Environment, the former for enabling legislation, regulations, grants, advice and technical expertise and the latter through a variety of programs for such things as pollution and fish stocking. MTRCA provided land for such facilities as the Ontario Science Centre. It has less important relations with a variety of other ministries of the province (e.g. Industry and Tourism for advertising and with the federal departments of the Environment and Transport). (15) Ontario's Conservation Authorities themselves share information and technical resources and meet annually; there is also a Central Region Technical Committee. MTRCA also has a representative for the provincial Tourism and Outdoor Recreation Planning Study Committee (TORPS).

The relationship between MTRCA and Metropolitan Toronto is particularly close formally and informally. There is a joint co-ordinating Technical Advisory Committee on Parks and Conservation. Membership on the Committee includes the MTRCA Director of Operations and the Metro Commissioners of Parks, Roads, Works and Planning. The committee meets regularly and its recommendations are usually accepted by Metro.

In 1961 an important agreement between Metro and MTRCA was reached when Metro took on responsibility for development and operation of all MTRCA flood plain and conservation lands within Metro boundaries used for parks and recreation. MTRCA retained title to the lands and is responsible for conservation programs. Thus Metro Parks acquired the use of 3,500 acres of land - a large proportion of its total lands. With MTRCA's permission, Metro may sublease the land to local municipalities for neighbourhood facilities. Such arrangements exist with the Boroughs of North York, East York, York, and Etobicoke.

Metro and MTRCA may jointly acquire land and have done so. Less formally there is ongoing liaison between the staff of the two bodies and MTRCA submits its budget to Metro each year for perusal.

The only direct public input into the Conservation Authority's decision-making process occurs when an individual or group presents a brief or requests to be heard by the executive committee.

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(15) For details see MTRCA Compendium of Information, 1972, pp. 91-94.



THE TOURISM AND OUTDOOR RECREATION  
PLANNING STUDY COMMITTEE (TORPS)

This inter-ministerial committee was formed in 1967 to develop a co-ordinated approach to planning tourism and outdoor education in Ontario. Representatives on the committee are from the Ministries of Natural Resources, Community and Social Services (member is now in Culture and Recreation), Industry and Tourism and Treasury, Economics and Intergovernmental Affairs.

TORPS, the longest-standing active inter-ministerial committee, is rather unique. The committee's goal is to recommend policy guidelines and strategies for tourism and outdoor recreation planning within the provincial government. It has developed sophisticated models of supply and demand for recreation opportunities.

A TORPS technical sub-committee was formed in 1969; this group has built a data bank, shares planning methodology and was primarily responsible for the ground work of two important research programs.

Perhaps the most important concrete accomplishment has been *The Ontario Recreation Survey*, the largest of its kind in North America. The extensive interview study was designed to gather comprehensive information on the demand for recreation by Ontario residents that would be useful for planning to all of the ministries involved in TORPS.

To this end 15,000 initial contacts were attempted, yielding more than 10,000 completed interviews spread over all seasons in the period May 1, 1973 to April 30, 1974. The data from this study are now in usable computer form and should aid municipalities and others in assessing their needs. The two TORPS progress reports contain some sample analysis and by themselves give useful information.

In the Metro region, one of the sub-regions of the study, approximately 2,000 returns were available making a separate analysis possible. TORPS generously consented to do some preliminary analysis of Metro Toronto in a comparative framework with Ontario, based on the data for the first six months of the interview period. (16) Some overview statements only will be made here.

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- (16) Appreciation is extended to D.W. Simpkin, TORPS Chairman, and L.A. Douglas, Recreation Analyst, Ministry of Natural Resources, for this assistance.

In general, and contrary to some popular opinions, Metro residents do not behave much differently from the provincial norm. For example, the ranking of activities participated in during the last 12 months was the same as the Ontario average (swimming, picnicking, recreational walking, recreational driving, attending a special event) although in comparison with the provincial norm Metro residents walk more for recreation and drive less for recreation. The breakdown by sex confirms the provincial norm; men participate in more active recreation than women (e.g. tennis: male - 20.5 per cent; female - 12.8 per cent).

Metro residents in lower income brackets are similar to their counterparts throughout the province and participate significantly less in almost all recreation categories.

But there are some interesting differences. Metro residents had fewer trips from home as a percentage of all trips for swimming, picnicking, hiking, fishing and recreational boating than residents throughout Ontario. Metro residents rely more on regional and municipal public facilities for a variety of activities related to the use of the natural environment, especially water. But they rely less on local public facilities for swimming, golfing and tennis. Metro residents' preference for free-time activities is similar to the provincial average except that recreational driving ranks lower (15th versus 8th for the province), swimming ranks higher (8th versus 11th for the province), and sunbathing ranks higher (12th versus 22nd for the province).

Metro residents would like to do more swimming, fishing, golfing, tennis and concert-going. Metro people have a higher than average desire to participate more in concerts, recreational walking and driving and picnicking and less in travelling, ice skating and camping. On the other hand, many more Metro residents than those in smaller communities cited crowded facilities as a reason for not participating more in recreation activities. Another reason was the cost of participation.

The TORPS committee has also undertaken a rather extensive survey of many parks and their facilities and other recognized recreational facilities in both the

public and private domain. The survey of facilities (the supply side) was undertaken in 1974 and is now available for use in computer form. The TORPS committee kindly provided a list of all parks by acreage and location within Metro.. (See Tables 4-04 and 4-08)

#### METROPOLITAN TORONTO PARKS DEPARTMENT

The Metropolitan Toronto Parks Department was set up in 1955 with Tommy Thompson as the Commissioner - a post he still holds. The Planning and Parks Committee of Metro was responsible for parks until 1957 when its name was changed to its current one - The Parks and Recreation Committee. The seven-member Committee, which is appointed annually by Metro Council and meets on a regular basis, meets the criteria of both a "park management board" and a "recreation committee". Public input is handled by invitations to appear before the Parks and Recreation Committee or through input to the Commissioner.

#### Organization

The Parks Department has five divisions: Zoo curator, administration, planning and development, parks and operations. There is a superintendent for the Toronto Islands, for each of the four regions in Metro and for the ferries section, golf courses and forestry. There are 157 full-time staff and 376 temporary positions, mostly summer ones.

The department's general policy is to provide regional parks and facilities larger than local or district parks, (17) and not to duplicate local level facilities such as tennis courts and skating rinks. The department's philosophy is that a regional park should be "a place with meadows, trees, creeks and sometimes marshes" (18) - a place for passive recreation. Although there has been

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- (17) The suggested criterion is a minimum of 250 acres.  
See *Metropolitan Toronto Parks: A Compendium*, 1973, pp. 1.3, 1.9.
- (18) *Ibid.*, p. i. (Quote from a poem by Thomas W. Thompson, Metro Parks Commissioner)

some pressure over the years from area municipalities, local groups and politicians, the parks department has very few structures and apparatus for specific active recreational pursuits; this may be changing slowly. In general, there is a "no fee" policy except for golf and the ferry service to the islands. Permits, however, are required from the Commissioner for many group users.

A major reorganization of the department is being considered but the nature of this change has yet to be decided.

### Budgets

Metro government's total expenditures on parks and recreation was \$8.2 million in 1973. (See Table 4-03) Expenditures on general parkland operation and maintenance were \$2.26 million in 1973 and \$2.75 million in 1974 while the expenditures on facilities including golf courses was \$1.97 million in both years. Grants to groups for recreational pursuits (approximately \$10,000 annually) are not handled within the department but are directed to the Parks and Recreation Committee for recommendation to the Executive Committee of Metro Council.

### Programs

There is a host of conflicting statistics on park numbers, acreages and even names produced by various sources. In general, the figures used will be those of the TORPS supply inventory; where there are large differences from other sources, these will be noted. All figures should be taken to indicate only relative magnitudes.

Metro operates 42 (regional) parks with a total of 5,322 acres. (19) The size, distribution and locations are indicated in Table 4:04 and on Figure 4:02. The MTRCA owns 4,825 acres of open space operated by Metro; about 3,500 of this is used for park purposes. Other lands have been acquired over the years by direct purchase, by assumption (as gifts) from area municipalities (most notably the City of Toronto) and citizens, or by

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(19) The frequent figure of 7,086 acres refers to the total land available for parks but not necessarily developed.



TABLE 4-03

## Parks and Recreation Expenditures, 1973

Municipality	Taxable Assessment	Ranking per Capita	Parks & Rec. Expenditure	Per Capita	Ranking	Per Cent of Total
East York	\$ 266,290,000	5	\$ 1,618,000	\$15.35	6	17.35
Etobicoke	\$ 935,871,000	2	\$ 7,423,000	\$25.95	1	20.11
North York	\$1,453,493,000	4	\$ 8,504,000	\$16.12	4	15.72
Scarborough	\$ 743,373,000	6	\$ 5,775,000	\$15.95	5	14.33
Toronto	\$2,354,064,000	1	\$14,495,000	\$21.43	2	13.22
York	\$ 297,043,000	7	\$ 2,876,000	\$20.25	3	17.88
Metropolitan Toronto	\$6,050,134,000	3	\$ 8,281,000	\$ 3.94	7	1.37

Source: Jarrett, Goold and Elliot, *op cit.*

TABLE 4-04

Metropolitan Toronto Parks and Parkland Located in Area Municipalities  
(parks are indicated in acres, in order of size for each municipality)

Number of Metro Parks and Their Acreage

Toronto	East York	York	North York	Scarborough	Etobicoke
8.0	8.7	12.0	12.0		21.9, 27
31.0		26.0	35.0	33.0	30.0, 30.0, 35.0
	63.0	45.0			51.0, 56.0, 58.0
			101.0	85.0	60.0, 66.0, 61.0
			108.0	93.0	100.0
			117.0		
			125.0	140.0	
			147.0	149.0	
			158.0	192.0	
295.0 (1)	166.0	167.5 (2)	232.0		
(exhibition)	237.0				
			359.3	333.0	
552.0				700	(zoo)
(islands)					

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Total Number of Metro Parks in Each Municipality

4	4	4	10	8	12
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Total Acreage of Metro Parks in Each Municipality (3)

886.0	474.7	250.5	1,394.0	1,725.0	591.9
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Source: Data compiled primarily on the basis of the TORPS supply inventory supplied courtesy of D.W. Simkin, Chairman TORPS

- 1) Exhibition Park - The site of the Canadian National Exhibition has recently been transferred to Toronto's Property Department
- 2) Etienne Brule Park - On the boundary of York and Etobicoke has been classified under York
- 3) Total of acreage here comes to less than the total of parklands controlled by Metro Parks because some Metro lands are maintained by area municipalities. (Actual total acreage of Metro controlled lands 7,086. acres according to the 1973 Metropolitan Toronto Parks Compendium of Information.)



purchase in conjunction with the province. Metro, of course, can expropriate land for parks and other purposes, and has done so. It acquired the Toronto Islands from the City in 1956 and the CNE grounds in 1965. It is now acquiring piecemeal, the leases of remaining Island residents.

In 1966, Metro adopted a 25-year development concept for metropolitan regional parks as presented by the Parks Department. Ten extensive areas, several containing many parks, became foci for development. These are:

1. Exhibition Park	295	acres
2. Toronto Island	552	acres
3. Finch (Dam) Park	238	acres
4. Willowdale (Dam) Park	149	acres
5. Rouge River	517.7	acres
6. Highland Creek	621	acres
7. Waterfront Scarborough Bluffs	279	acres
8. Western Don River	1,671	acres
9. South Humber	1,272	acres
10. North Humber	(acreage included in South Humber)	

As can be seen on the map (Figure 4:02), almost all the parkland is in the valley lands of Metro's rivers and creeks, thus providing an unequal distribution of regional parkland over Metro.

There are two well-visited garden parks in Metro - James Garden in the west and Edwards Gardens in the east. The Civic Garden Centre (a corporation without share capital) leases its building in the latter park; the building serves for meetings, displays and generally for dissemination of information on horticulture and related subjects.

The long-range goal of Metro parks calls for a number of truly regional playing fields - four in all. Three suggested Metro parks locations are: one each in the Don River System, South Humber and Waterfront Scarborough areas. Other facilities Metro Parks does not have yet include: regional swimming pools, an arboretum, an outdoor theatre, an aquarium and a planetarium, although there is now a private one, the McLaughlin Planetarium, operating in the City of Toronto.

Metro's role has been to provide facilities that are somewhere in between the local services of the area municipalities and the larger-scale projects undertaken solely by the province or co-operatively with the federal government.



The 13 Toronto Islands, acquired from the City in 1956, have served as a major attraction (more than one million visits in 1972) for day outings, picnicking and swimming for years.

Metro operates five 18-hole golf courses which are accessible by TTC and open to the public on a pay-as-you-play basis. About 40,000 people per year have used each of the three established courses. Figures are not available on the two recent acquisitions. A large number of private golf courses are also open to the public on a pay-as-you-play basis. About 30 of these are within easy driving distance of Metro; there are also 11 private clubs within the area.

Metro parks operated the Riverdale Zoo, with its 1,100 specimens of animals and birds, until it was returned to the City in 1974 when the new Metropolitan zoo opened, in accordance with existing agreements.

The Metro Parks Department, in conjunction with the Metro Toronto Zoological Society, has a high degree of responsibility for the development of the new Metro Zoological Garden (located on 700 acres of land in Scarborough). The Parks Department has been involved in all phases of its planning and development. Although not yet complete, the new zoo was opened in August, 1974.

There are other regional recreational facilities in Metro which, although not public, do attract the public in large numbers. Maple Leaf Gardens hosts major hockey events. There are two horse racing tracks in Metro, Woodbine Track and Greenwood Raceway, which are open to the public. Both are owned and operated by the non-profit organization, the Ontario Jockey Club.

A large number of Toronto private clubs have recreation facilities; a number of these are not exclusive and are open to the public. There are 13 yacht and sailing, boating canoeing or similar clubs of this genre, at least 79 community tennis clubs and a number of swim clubs and track clubs.

#### Parkland Standards

There is a close relationship between the Metro Planning staff and the Parks Departments. The following

general standards were adopted in 1966 as a policy guideline for parkland within Metro;

Local parkland	2.5 acres per 1,000 population
Metro parkland	5.0 acres per 1,000 population
TOTAL	7.5 acres per 1,000 population

Of course, the relative location of such parks is also very important so that any simple statistics could be misleading. However, actual ratios were calculated based on 1973 assessed populations and on the park average from Table 4-04. These are presented below in Table 4-05. It should be noted that although the park acreage figures used are relatively accurate, they appear to underestimate consistently the figures reported by the municipalities which, in some cases, include areas not used by the public.

TABLE 4-05

Ratios of Parkland per 1,000 Population  
In Metropolitan Toronto

<u>Municipality</u>	<u>Acres Municipal Parkland/1000 pop.</u>	<u>Total Parkland Per 1000 pop.</u>
East York	1.10	5.60
Etobicoke	4.95	7.02
North York	3.02	5.66
Scarborough	3.02	8.01
York	3.28	4.04
Toronto	2.24	3.55

Source: Information from Parks and Recreation Departments

A multitude of sources propose many standards for comparison with those above; most suggest 10 or 20 acres per 1,000 total population. These are discussed clearly in "Guidelines for Public Recreation Facility Standards" (20) prepared by the provincial Sports and Recreation Bureau. The Bureau recommends 20 acres total open space per 1,000 people for Ontario and the following for more local parks:

(20) Recreation Review, Supplement, September, 1973.

Neighbourhood or Local Park	4 acres/1,000	(min. 10 acres)
Community Park	3 acres/1,000	(min. 30 acres)
Regional or Special Use Park	13 acres/1,000	(min. 50 acres)

The suggested services radii are one-quarter to one-half, one to one and one-half and five to 30 miles respectively.

#### Relationships with Boards and Commissions

Metro Toronto owns the Canadian National Exhibition grounds. The Metro Property Department took over responsibility for the grounds on January 1, 1975 but the Metro Parks and Recreation Committee is still the overseer.

The Canadian National Exhibition Association (CNEA) has a total membership of 206. It acts as Metro's agent and runs all facilities under a renewed agreement, leaving Metro to maintain the grounds. There are four groups represented with 66 members appointed by the municipalities, 44 by agricultural organizations and 44 by the liberal arts and similar groups.

Municipal appointees to the 38-member Board include the Metro Chairman, the Mayors of the area municipalities and several other members, depending on the municipality's size. The chairman, elected for a two-year term, sits on the board's executive committee, which is the prime decision-making body because the board only meets about twice a year. The general manager hired by the Association functions very much like a company president.

Metro must approve the Association's annual operating budget and is responsible for the capital debt. Metro has a CNE Planning Committee and there is a CNE planning sub-committee which consists of the Commissioners of Planning (Chairman) and Parks, and a representative from the Harbour Commission, the Ministry of Industry and Tourism and the C.N.E.A. The latter body makes recommendations to council on matters such as capital construction; a recent example is a master plan accepted by Metro and the CNEA in 1972. Since the CNE is adjacent to Ontario Place, a co-ordinating committee called the Policy Development Committee was formed in 1972 consisting of members of the CNEA, Ontario Place Corporation and Metro. The Metro Parks Commissioner is on a Technical Task Force of this committee.

The Metro Toronto Zoological Society was formed as a corporation under this name in 1969 and continued to be the official advisory body to the Parks and Recreation Committee of Metro in the planning of the new zoo. In the mid-sixties the Parks Department commissioned studies to select a site and prepare a feasibility study. In 1969 the Zoological Society, Metro and MTRCA approved the master plan. The Society was given the full responsibility of operating the zoo in 1970, following an amendment to *The Metropolitan Toronto Act*.

The Society raises funds for the animals, pavilions, food facilities and an auditorium. Metro carries capital works on the site and, jointly with MTRCA, constructs river improvements. Capital costs following completion may be borne by Metro and Metro must approve the Society's annual operating budget.

Metro leases the Civic Garden Centre for \$1.00 a year to the Civic Garden Centre Corporation. Metro appoints two members to the executive board of directors; other board members are elected from among the membership.

There are strong relationships between Metro and the MTRCA formally through the Technical Advisory Committee on Parks and Conservation referred to on page 181, which meets every month to work out common problems.

Considerable interaction also takes place at the staff level. There is a Metropolitan Toronto Waterfront Advisory Committee which deals with MTRCA and reports to Metro Council about the waterfront plan. This advisory committee has representatives from a long list of bodies including MTRCA, Metro Planning, the Toronto Harbour Commission and the Toronto Transit Commission, CN, CP, the Ontario Ministry of Natural Resources, the Board of Trade, members from the affected municipalities and two representatives from Metro Council.

A Waterfront Technical Committee has been appointed with members from Metro, the province and other agencies involved. This committee co-ordinated the local level government input, and the drawing up of a waterfront plan which was accepted in 1968; it is still active. The province chose the MTRCA as the plan's implementing agency, but in 1973 agreed that all developed lands would be turned over to Metro.



In addition, there is a host of other committees respecting the waterfront on which the Commissioner of Parks or one of his staff is represented. One, for example, is the Central Waterfront Planning Committee of the City of Toronto. The Commissioner also sits on the Harbourfront Steering Committee with representatives from the federal and provincial governments.

There is little formal relationship between Metro and the province regarding recreation and parks. The Metro Parks Commissioner, however, has recently been appointed to the Provincial Parks Advisory Council. In general, the MTRCA is often the spokesman for Metro at the provincial level.

Until recently, there was little formal interaction between the Metro Parks Department and local parks and recreation departments. In 1974, a Parks and Recreation Co-ordinating Committee was set up by Metro by-law. The purpose is to review and define the present situation and the respective roles of each in the provision of parks and recreation opportunities. The members include: the Metro Parks Commissioner and the Chairman of the Metro Parks and Recreation Committee, who are co-chairmen, and the Parks (and Recreation) Commissioners of the area municipalities. Reports are prepared in advance and distributed to the politicians of the area municipalities. Position papers are being drawn up by the municipalities, and research is being carried out on inventories of recreational facilities in Metro.

## THE AREA MUNICIPALITIES

### Committees, Boards, Advisory Groups

The municipalities are responsible for providing the day-to-day recreation needs for their citizens under provincial legislation. To obtain grants for recreation programs from the Sports and Recreation Bureau, the local councils must appoint a recreation committee. The area municipalities all have annually-appointed standing committees and all receive grants. In each case, all members are local councillors. The following are the committees in each area municipality:

East York	The Parks and Recreation Committee - nine members (the committee consists of the whole council).
Etobicoke	The General Committee - the mayor, two controllers and five aldermen (one from each ward).
North York	The Parks and Recreation Committee - four council members.
Scarborough	The Recreation and Parks Committee - seven council members.
Toronto	Committee on Parks, Recreation and City Property - 11 council members (one from each ward).
York	The Parks and Recreation Committee - the mayor, two controllers and two (of eight) aldermen.

All committees meet semi-monthly, except East York which deals with matters as they arise. The committees formulate policies and general guidelines for the parks and/or recreation departments and in conjunction with those departments are responsible for preparing budgets for council to approve.

All committees permit community groups, associations and clubs to appear before them on any pertinent matter, not precluding other meetings with parks or recreation staff members. Only the Borough of York has a formalized Citizens' Recreation Advisory Committee. This Committee, composed of one association group appointee from each ward, meets monthly with the Parks and Recreation Committee.

Since parks and recreation departments (or committees) are not empowered to give money directly to community groups, they either provide services or facilities to them or else direct the groups to apply to council for grants.

All area municipalities have funds set aside annually to provide grants to a wide variety of groups. Etobicoke Council gives approximately 50 per cent of its \$100,000 annual grant money to recreation-oriented groups. The Borough of York gives grants to groups for recreational purposes from its Parks and Recreation budget. The amount relates to the number of members who are resident in the Borough. North York's Grants Committee recommends an allocation of about 30 per cent of its grant money of \$85,000 to recreation groups. Scarborough has a council Grant Review Committee that

recommends approval of about \$50,000 a year for sport groups, etc.

The City of Toronto has a Grant Review Board (established in 1973) consisting of the Parks and Recreation Commissioner, an official of the City Clerk's Department, the Chairman and one other member of the Parks and Recreation Committee and an official of one outside agency. The total recreational grants rose from approximately \$130,000 in 1973 to approximately \$530,000 in 1974, primarily as a result of increased demand. Grants are generally given to groups that do not obtain funds elsewhere and a large number go to youth and the aged for recreational programs.

All area municipalities have built community centres over the years. To obtain grants for capital costs of arenas and sports facilities the municipality must have a (joint) Community Centres Board or Committee. To receive provincial funding for a certified arena manager, the council must appoint an Arenas Board. In some cases these boards are established apart from the elected council to function until the grant is secured and the facility is constructed.

In East York the Cedarvale Board of Management consists of two aldermen and five borough appointed citizens; it is responsible for the Cedarvale Park Clubhouse and East York Memorial Arena. In Etobicoke, North York, Scarborough and York the parks and recreation committees fulfill both roles. In Toronto, there are currently four community centres boards, all synonymous with the Parks, Recreation and City Property Committee for facilities being constructed: East Toronto Athletic Field and Outdoor Artificial Ice Rink, Annette Recreation Centre, Jimmy Simpson Recreation Complex and the Beaches Recreation Centre.

#### Organization of Departments

Departments dealing with parks and recreation have been set up in all area municipalities to deliver quality recreational experiences to people of all ages on a year-round basis. While names of the departments vary, "parks and recreation departments" will be used for ease of presentation.

The first supervisor of public parks was hired by Toronto in 1884. Traditional recreation programs gained popularity in the late 1940's and early 1950's; Toronto hired its director of recreation in 1946 and other municipalities followed. When Metro was formed in 1954, most municipalities had parks and recreation departments. It seemed natural to combine both passive and active recreational services in one department; and this is still believed to be an appropriate form of organization.

All parks and recreation departments have separate sub-sections under supervisors, superintendents or directors for parks and recreation.

East York has a Director of Recreation and a Director of Parks in separate departments. Etobicoke has a Commissioner of Parks and Recreation, a deputy commissioner and separate superintendents for parks and recreation. This structure is repeated in the other area municipalities except in Toronto which has no deputy commissioner.

The parks sections generally plan for, acquire, develop and maintain all municipal parks, gardens and trees. They are often divided into a Forestry Section, Horticulture Section, General Maintenance Section and in some cases (notably Toronto) into areas or districts within the municipality.

Recreation divisions have traditionally been decided either by program type (children, seniors, arts and crafts, sport, etc.) or on a district basis; sometimes they are done in both ways. East York is geographically divided into two divisions, each focusing on an arena and a community centre.

Etobicoke has recently deconcentrated almost all of the divisions into four large areas of the borough. The organization is based on a community school, where a junior high school is the core under the control of a co-ordinator every evening and weekend. Programs in schools within the areas and other facilities, including community centres and arenas, are also the responsibility of the co-ordinator, who is hired by and works for the parks and recreation department.



North York's recreation branch is organized in three divisions: community services, youth services and programs. These are further divided by geographic areas but the areas - seven for youth and 14 for communities - are not coterminous. Scarborough is divided first by facilities and programs with the programs division broken into program categories. Toronto is divided in four areas, each with approximately equal populations and numbers of facilities; the areas are sub-divided by program categories. York is divided by program categories.

The general trend in the departments has been deconcentration to meet the needs of local groups. Toronto has not changed its structure since 1959 - and a major reorganization is presently underway to provide greater citizen involvement at the local level. York has been building up and changing its staff's focus to encourage more local involvement. North York's structure is continually evolving and in some ways is the most progressive of all the boroughs. Community co-ordinators generate interest and involvement in local areas and serve as consultants on many subjects in addition to those normally associated with recreation. Scarborough is working on a long-term plan to deconcentrate into six areas with equal populations. However, budget restrictions prevent rapid changes into a more staff-intensive community-oriented approach.

### Budgets

Each area municipality has its own method of preparing budgets, making it difficult to present them in comparable terms or to provide any appropriate breakdown. The overall budgets and per capita costs for parks and recreation by area municipality and for Metro are given in Table 4-03.

Although Parks and Recreation Departments are organized for a seasonal, calendar year, their budgets, like all municipal budgets, are not approved by Council until late spring. It is only at this point that resources for the year are confirmed. From January through March, their funds are effectively frozen, reducing flexibility in program planning. Flexibility is an extremely important quality in dealing with public leisure preferences and this problem is difficult to resolve.

There has been a dramatic increase in recreation departments' budgets during the past decade. For example, Etobicoke has shown a 20 per cent increase per year over a number of years. Another important trend has been towards the use of educational facilities for recreation programs, a trend which appears to be continuing since all recreation departments now use schools for many of their programs. All departments attempt to hire skilled recreation staff; almost all hired now have recreation degrees. There is keen competition among the boroughs (particularly among the suburban municipalities) to provide interesting and innovative recreation programs.

TABLE 4-06

Parks and Recreation Departments: Staff, 1974 (1)

<i>Municipality</i>	<i>Total # of Staff</i>	<i># Staff in Recreation Division</i>
East York		24
Etobicoke	297	62
North York	425 (2)	69
Scarborough	260 (3)	69
Toronto	395 (1973)	79 (1973)
York	24	13 (4)

(1) All figures are approximate

(2) Includes 183 Maintenance

(3) Includes 58 in Buildings, Maintenance and Construction.

(4) Includes Facilities Branch, such as arena workers,  
which is generally included in others.

Source: Information from Parks and Recreation Departments.

Data available regarding grants to Metro's area municipalities under *The Community Centres Act* indicates that the three most suburban municipalities - Etobicoke, North York and Scarborough - which faced growing populations were also most active in constructing new community centres and related facilities.

All Metro area municipalities receive the maximum grants allowable under the formula previously described for recreation programs. In 1973 East York and York got \$12,000 each and Etobicoke, North York, Scarborough and Toronto each got the maximum of \$15,000. (See Table 4-07)

### Facilities

Only an overview of the various kinds of recreation facilities will be given here and only the relative magnitude of the figures is important, since facilities that may be of widely-varying sizes and quality still count equally in a basic inventory procedure. For example, some community centres have elaborate facilities - others are small drop-in centres and an arena may have one or several rinks.

Table 4-08 indicates the distribution of parkland by size and by area municipality in Metro. The number of community centres, arenas, ice skating and playground locations are given in Table 4-09. Further information on numbers of swimming pools, tennis, baseball, softball, and track and field facilities are given in Appendix B.

Municipal parks and recreation departments also frequently use schools, churches and other quasi-public buildings or their grounds.

All the area municipalities have major facilities. Etobicoke has Centennial Park with its large stadium (the International Pacific Games were held there in 1973), a conservatory, an arena and an artificial ski hill, complete with tows. North York has its Centennial Centre with a number of ice skating surfaces and meeting rooms. It also has a newly-developed skiing area in Earl Bales Park. Scarborough is constructing an elaborate Mid-Scarborough Community Centre. Toronto is particularly proud of its major regional park - High Park - with 398 acres including Grenadier Pond. Area

TABLE 4-07

Provincial Grants for Recreation  
By Area Municipality, 1973

Municipality	Community Centres	Arena Managers Program	Programs of Recreation	Total Grants	Total Parks & Rec. Budget
East York	--	\$ 600	\$12,000	\$ 12,600	\$ 1,618,000
Etobicoke	\$206,700	\$1,200	\$15,000	\$222,900	\$ 7,423,000
North York	\$190,749	\$1,200	\$15,000	\$206,949	\$ 8,504,000
Scarborough	\$ 80,779	\$1,200	\$15,000	\$ 96,979	\$ 5,775,000
Toronto	\$ 20,000	\$1,200	\$15,000	\$ 36,200	\$14,495,000
York	--		\$12,000	\$ 12,000	\$ 2,876,000

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Source: Adapted from Jarrett, Goold and Elliott, *op. cit.*



TABLE 4-08

Parks and Parkland by Area Municipalities: Municipal Parks, 1974

Size of Park in Acres	East York #	East York Total Acres	Etobicoke #	Etobicoke Total Acres	North York #	North York Total Acres	Scarborough #	Scarborough Total Acres	Toronto #	Toronto Total Acres	#	Total Acres
Under 1	14	6.4	17	9.1	38	23.8	13	7.4	111	40.3	27	12.9
1 - 1.99	-	-	14	20.0	28	40.9	8	13.4	32	44.6	6	7.8
2 - 2.99	5	11.6	17	41.7	22	54.3	13	34.9	18	44.7	3	7.4
3 - 3.99	4	14.7	14	48.8	21	71.9	18	60.8	11	37.5	6	20.3
4 - 5.99	2	10.4	21	102.3	39	188.4	30	146.9	14	70.8	3	15.5
6 - 7.99	-	-	13	86.4	30	207.2	22	147.8	10	70.8	-	-
8 - 9.99	2	16.4	14	123.5	10	90.1	14	127.6	5	44.4	2	17.8
10 -14.99	1	14.3	20	244.7	23	266.8	13	145.7	9	115.6	2	25.3
15 -19.99	1	15.0	6	108.8	3	51.8	2	35.5	4	63.5	4	67.7
20 -29.99	1	27.0	5	108.7	5	112.8	9	191.2	8	178.9	2	44.0
30 -49.99	-	-	2	73.6	7	250.2	5	206.3	8	343.3	3	106.0
50 -69.99	-	-	3	161.0	1	66.4	1	58.3	1	62.5	-	-
70 -and over	-	-	2	299.0	1	79.3	-	-	1	398.5	-	-
Total	30	115.7	148	1416.6	228	1591.8	148	1175.8	232	1515.5	58	324.7

Source:

Data compiled primarily on the basis of the TORPS supply inventory supplied courtesy of TORPS  
Chairman, D.W. Simkin.

1. Subway surplus lands (lots) and traffic islands have been omitted; if included the parks number is 257.1  
and acreage 1523.6

TABLE 4-09

Major Recreation Facilities  
In Metropolitan Toronto Area Municipalities

Facility	East York	Etob- icoke	North York	Scar- borough	Toronto	York
Community Centres (not in schools)	3	4	23	11	11	4
Community Centres in schools	1	9			1	
Arenas	2	4	16	6	7	4
-indoor or artificial ice	9	16	28	13	21	
-natural ice	1	0	200	57	86	25
Playground Locations	11	30	92	50	67	
Tiny Tot Play locations	3	27	9	18	76	

municipalities have hosted a number of major sporting events. One concern now is the deficiency of high standard facilities for sporting events in Metro and who should be responsible for providing them. Etobicoke, for example, is building its own aquatic and gymnastic sports complex to be completed this year. Meanwhile, there has been a continuing debate over the desirability and location of a major sports stadium to serve all Metro.

One difficulty a large city faces is acquiring the necessary open space for parks to meet reasonable planning goals. The problem is particularly acute in densely built-up areas of the inner municipalities where potential

sites are small, rarely on the market, and very expensive. Parks also have to compete with land banking schemes for housing. Metro Toronto standards for parkland are 2.5 acres of local parks and 5.0 acres of Metro parks for a total of 7.5 acres of parkland per 1,000 people. North York and York have generally adopted this standard. East York's goals are 1.25 acres per 1,000 exclusive of ravine lands. Scarborough has adopted standards of 1.25, 0.50 and 0.75 acres of neighborhood, local and district parkland respectively, south of Highway 401, and for parks north of Highway 401, have altered the last figure to 1.25 for a total of three acres.

Toronto's goals are 1.4 acres of local and district parks if the neighborhood is more than one-quarter mile from a regional park. If a neighborhood is not within one-quarter mile of a regional park, a local park should be provided as should a district park, the latter being within a two-mile radius. In this framework, the important problem of spatial distribution of parkland is at least partially met.

The amount of parkland falls below targeted standards in almost every municipality. Donations of land under *The Planning Act* which call for five per cent dedication (or cash in lieu) of land in a subdivision are not considered sufficient, particularly in higher density developments. Parks departments have had a difficult time getting priority for funds to acquire new parklands.

The quality of parkland is another issue. This includes the continuing political debate about dog litter in parks. Many municipalities have passed by-laws restricting dogs from certain areas of limiting them to other areas. Another important problem is the rising threat and costs of vandalism in parks. This happens as much in suburban parks as in inner city parks. Vandalism was a key determinant in North York's decision to move its four day camps from park locations to a private site out of the city.

All the area municipalities, except Toronto, have made small garden plots available to citizens within their boundaries as part of their parks and recreation programs. The program, started by Etobicoke several years ago, has become quite popular. The small lots (e.g. 500 sq. ft.) are leased annually for a nominal fee on a first-come first-served basis. This program seems to be expanding as fast as appropriate lands (usually hydro rights-of-way) become available. No area municipality has more than a couple of hundred plots now.

### Recreation Programs

Metro area municipalities offer a tremendous array of activities ranging from speed skating and Kung Fu to batik and macrame; from ballet and modern dance to auto mechanics and gardening instruction. Broadly speaking the programs offered are a direct response to public demand. In most cases, recreation departments do not initiate programs unless they know there is a demand, often because a group approaches them with a request.

There are several ways recreation departments attempt to meet needs. The first is direct provision of the activity with leadership facilities and resources. The second - one which is growing in popularity - is to grant a group free use of facilities or subsidize it in the use of facilities, with the group organizing itself and providing its own leadership. A third is to provide initial leadership and guidance until a group learns to meet its own needs. A fourth is to recommend that the group apply to the Council to get a grant. There are other subtleties in providing recreational public services such as redirecting groups to agencies or locations that may more effectively meet their needs.

Fees are charged for most programs. Typical fees are \$4-15 for a 10-week program, meeting one night a week and \$10-30 for a 20-week activity.

The City of Toronto is unique in that it operates on the philosophy that recreation is a necessary service like health and should be provided free for all residents, whereas other municipalities charge fees for most of their recreation programs. Toronto does have a \$15 non-resident fee for instructional programs, but it is very difficult to enforce. Other municipalities also have surcharges for outsiders' participation - these are primarily in cases where the activity is known to be of high quality and thus attracts participants from other parts of Metro, e.g. swimming programs, figure skating, ski instruction. However, the parks and recreation departments are not disturbed by the fact that people's recreation desires do not respect municipal boundaries.

A basic count of all the various fall and winter (more than one night) programs offered directly by



the parks and recreation departments (regardless of facility ownership) indicated the following:

East York	67	Scarborough	106
Etobicoke	124	Toronto	24
North York	73	York	49

The programs change rather fundamentally during the summer. There is a strong emphasis on youth and on mass programs like children's playgrounds and, in the cases of Etobicoke and North York, day camping.

All area municipalities advertise their programs through the school system. Toronto relies almost exclusively on this as a "mailing" would cost \$800,000. North York and Scarborough produce high-quality magazines describing their programs. These also serve as a general source of community information, listing senior citizen clubs, chess clubs, and Y.M.C.A. programs.

Perhaps the most elaborate system is that of Etobicoke which publishes one book for each area listing programs by location. A central guide map in the book also includes borough-wide programs.

All departments informally appear to make considerable effort to develop public involvement. Almost all advertising of local recreation programs urges public input to the planning process. York has a formal Citizens' Advisory Committee to the Parks and Recreation Committee. In Scarborough, there are 11 area-based community associations that have been officially encouraged and receive facilities and assistance to provide their areas directly with services on their own initiative. In keeping with this philosophy, Scarborough has recently turned over many of its tennis courts to these associations to operate and maintain autonomously. This has also been done in some other boroughs.

Toronto and North York are also moving in this direction. In North York, there is an Advisory Council in each of 14 recreational areas. Some areas are active - some not. The community co-ordinators are responsible for fostering spirit and involvement in the community and for seeking ways to channel this in the best interests of the group. The co-ordinators also control the use of public facilities in the area. This was the first big step North York took to move away from central control of recreation.

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(21) The community centres' programs were not added in as they were not available.

In Etobicoke, this is the first year for a complete neighborhood-oriented community school operation that depends heavily on the Board of Education for support in providing facilities. The Board of Education makes office and storage space available in the school for a full-time community school supervisor. This supervisor controls all facilities and programs in the area and co-operates with the principal(s) in co-ordinating school uses. Facilities are made available to any group free of charge. The supervisor selects local people to sit on advisory groups and, in some cases, they are very active. The area budget becomes a negotiable item.

The Etobicoke model sets a standard for the efficient use of facilities and grass roots programming but is, however, a very expensive structure. North York's model and that of Etobicoke are likely to be emulated in many communities in Ontario in the future.

In summary, an effective program for leisure time services must combine adequate facilities, adequate leadership funds, motivated and skilled staff but perhaps, most importantly, citizens who are willing to become involved.

### Relationships

Some existing models and new forms of interaction between the public and the parks and recreation staff and politicians have been mentioned. Equally important in a physical sense is a spirit of co-operation or even a standing agreement between the local parks and recreation committees and Boards of Education. Etobicoke has had such a model for a number of years so that, in general, the parks and recreation department is not worried about increasing its own facilities.

A successful relationship between a community school supervisor and a principal is partially dependent upon a supportive super-structure. In Etobicoke, there is a Joint Liaison Committee of the Board of Education trustees and aldermen that meets semi-monthly to set policy for the community schools. There is also a Joint Staff Committee of senior Board officials, parks and recreation staff, principals and community school supervisors that sets specific guidelines. The Board pays for all the facilities and shares the costs of necessary new construction to make the school more appropriate for recreation purposes. Parks and recreation may use all the equipment. Parks and recreation pays for added janitorial costs and for staff costs.

The other municipalities do not have such close relationships with their boards of education but it seems that progress is being made in this direction right across Metro. York is now co-operating with the Board of Education and Humber College in the presentation of Neighborhood Learning Centres that offer an extensive variety of traditional "night course" programs as well as recreational and cultural programs. But York's parks and recreation input is not yet substantial. In North York, the parks and recreation department's program brochure only lists titles of programs that the Board of Education offers on its own. Only informal relationships prevent the duplication of services.

Scarborough now has a Board-Council Liaison Committee, with four members appointed annually by each group, and a staff liaison committee. The parks and recreation department pays rental fees for using school facilities based on straight-forward agreements. At the same time the Board offers a wide variety of recreation programs itself and the department relies heavily on its own community centres, built quite aggressively during the past decade.

In Toronto a formal committee of Board trustees and aldermen from the Parks Committee meets monthly on the joint use of facilities.

One concern is the possible duplication of services. In North York, for example, it is possible that yoga would be offered on the same night by parks and recreation, the Board of Education, the local library and by a community college. Clearly co-ordination and role clarification are sorely needed in most area municipalities.

At another level, there appear to be increasingly-effective relationships between many parks and recreation departments and local groups; this includes agencies such as boys' clubs, the YMCA, settlement houses, church groups, and other organizations such as the Metropolitan Toronto Association for the Mentally Retarded, and the Ontario Society for Crippled Children.

Most of these groups view parks and recreation departments partially as community co-ordinators just as the provincial Sports and Recreation Bureau does. But to fulfill this role adequately most parks and



recreation departments would require more staff and increased budgets. Of course, whether parks and recreation departments are the appropriate agencies to be filling this role is another question. However, it is one that the Select Committee on the utilization of Educational Facilities answers in the affirmative.

The local parks and recreation departments' relationships with the Metro Parks and MTRCA are less evident. Most departments have good relationships with both bodies. The major area of disagreement usually concerns municipal proposals to construct elaborate facilities on Metro land. There is some controversy about which level of government should finance and operate large scale sports complexes. Some of these problems should be resolved by the recently-established Metro Parks and Recreation Co-ordinating Committee which includes all local commissioners. Real progress will be made only after agreement is reached on guidelines.

Area municipalities generally do not use the Sports and Recreation Bureau's services, usually because they believe they can solve their problems without a Bureau consultant. (The exception is North York which recently acquired the services of a consultant trainer.) Metro area municipalities do apply for and receive grants from the Bureau but the provincial resource principally benefits small communities outside Metro.

The most fundamental problem facing area municipalities is the lack of financial resources to run adequate recreation programs and acquire necessary parkland. Present resources are severely taxed now and, in many cases, parks and recreation programs may be the first service curtailed when funds are limited. The question of resource allocation among the various government levels concerned must be resolved to meet this service's future needs.



## CHAPTER 5

### PUBLIC LIBRARIES

#### THE DEVELOPMENT OF PUBLIC LIBRARY SERVICE

##### The Ontario Context

Public libraries have traditionally been a community based service. In Ontario this tradition remains strong. There were 390 library boards in 1973, an increase of 18 over 1972.

The fourteen regional library systems in the province are charged with the responsibility of co-ordinating library service in geographic regions of varying size, wealth and political composition and with creating a system of service that will deliver information, library materials, and programs to everyone across jurisdictional boundaries. The regional boards (except for the one responsible for the Metropolitan Toronto region) are supported wholly by provincial grants. They have only the permissive powers assigned to them by the *Public Libraries Act* and the persuasive power available through a judicious use of provincial grants to carry out their responsibilities.

Within Metropolitan Toronto there are independent library boards in each area municipality. The Metropolitan Toronto Public Library Board is the regional board. However, it differs from the 13 others in that it receives financial support from the Metropolitan Council in addition to the provincial grant, and operates a direct public service with its own equipment, collections and buildings.

The university, public, college, government, and special libraries in Metropolitan Toronto have the richest stock of library resources in Ontario and in Canada. There is a demand for their use from other libraries, individuals, corporations, and organizations across the country. Officially the Metro Central Library is the contact point for inter-library requests and loans from the National Library and the National Science Library in Ottawa, and from all institutions outside Metro which wish to use the materials owned by the seven public library systems. The neighbouring library region of Central Ontario extends around Metro from Oshawa in the east through the York Regional Municipality to Brampton and Mississauga. There is, however, no official direct contact between the libraries of Metro and those in the Central Ontario Region.

### Before Metropolitan Government

The Reference Library of the City of Toronto opened in 1909 at College and St. George Streets with a reference collection of 70,000 volumes and a circulating collection of 20,000 volumes on the lower floor. The population of Toronto was then approximately 350,000. As the population grew and library services and collections expanded, additions were built in 1929 and 1959. Subject sections evolved, the first being a Business and Technical Collection established in 1942. In response to the Shaw Report (1) further subject departmentalizations took place which added Fine Art, Music, Theatre, and Drama, Science, Technology, Business, Municipal Reference, Literature, History, and Social Sciences. As well there is now an audio-visual service, a bibliographic centre, a general information centre and a strong Canadiana collection.

Within the area now designated as Metropolitan Toronto there were in 1954, 13 independent library authorities. Boards were established in Toronto in 1883, Weston in 1914, Mimico in 1915, New Toronto in 1921, Swansea in 1922, Leaside in 1944, Long Branch in 1944, York Township in 1945, East York in 1950, Etobicoke in 1950, North York in 1955, Scarborough in 1955, and Forest Hill in 1956. There was little connection or even consultation between the libraries or staffs before the formation of Metropolitan Toronto and by 1954 there were wide disparities of local support and use by the public. The City of Toronto had the best developed system with 21 branches and a large central collection. There were contractual arrangements with East York, Swansea, and Forest Hill. The resources of the Toronto system were shared with libraries nearby as well as with major libraries across Canada.

### After Metropolitan Government

All libraries in the Metro region varied widely in their local support, use and collections. In 1958, four years after the formation of Metro government, the collections varied in volumes per capita from 0.3 in East York to 2.4 in New Toronto. Circulation per capita varied from 1.4 in Swansea to 10.1 in Weston and annual per capita expenditure from 70 cents in Forest Hill to \$3.20 in Leaside. The township public libraries of Etobicoke, North York, and Scarborough were struggling to meet the first flood of demand created by a rapidly growing suburban population with inadequate buildings, small collections and lagging budgets.

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(1) Ralph Shaw, *Libraries of Metropolitan Toronto*, Library Trustees Council of Toronto and District, 1960.

While the 13 municipal library authorities were not consolidated with the inauguration of Metropolitan government on January 1, 1954, the 1958 amendment to the Metro Act empowered the Metro Council to make grants for capital and current expenditures to any area board that provided library services to any other municipality. The Toronto Public Library Board with its central library serving the whole area was the beneficiary of Metro grants and, starting in 1958 with a \$25,000 grant, received increasing amounts annually until 1967 when \$500,000 was received from the Metro Council.

The Goldenberg Report of 1965 recommended a further consolidation of the municipalities of Metropolitan Toronto and also supported the formation of a Metro Public Library Board, (2) a concept first recommended by Ralph Shaw (3) and reiterated by Metro Council's special committee set up to study and report on the Shaw Report. (4)

In 1966 the new board was formed and began operation in 1967. Later that year the central library of the Toronto Public Library was taken over by the Metro Board and thus became the first and still the only regional library board in Ontario to offer direct service to the public. The 1965 consolidation of the municipalities of Metro created the six area boards from the former thirteen and established the two tier public library system that exists today.

Changes in library and information services over the past fifty years have made it very difficult to adapt the old Toronto Reference Library Building to a Metropolitan system. The building, too close to the University of Toronto, is not suitably sited for Metro-wide access. It is not related to a commercial-retail area. The facility has no Metro image and for this reason alone it has been psychologically difficult for the staff to think in Metro-wide terms. In addition, facilities are inadequate for the larger and more specialized staff, for modern techniques of information storage and retrieval, for co-ordination of Metro-wide services and for the larger collections of materials in a variety of forms that are arranged in subject departments. Expansion has forced decentralization; Business, Science and Technology, Music, Audio-Visual Services, Municipal Reference, and the Board offices are housed in separate buildings. The new central library due to be completed in 1977

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(2) Goldenberg, *op cit.*, pg. 66.

(3) Shaw, *op cit.*

(4) Metropolitan Toronto. Special Committee on Survey of Library Services. *Report of special committee to study and report on survey of library services in Metropolitan Toronto*, 1961.



on Yonge Street just north of Bloor will provide a total of 364,000 square feet, more than twice the space presently available and will re-house all departments and offices in one building. It is expected that this new facility will be better able to function as a central research and reference resource co-ordinated with other such collections, as a supplement to the less specialized but larger collections of the area libraries and as a focal point for the provision of Metro-wide services supported by the Metro Library Board.

#### The Metro Library Systems Since 1967

Under the two-tier library system established in 1967 there have been many accomplishments and some failures. Agreement between the Metro and area levels is sometimes slow and frustrating. The introduction of a single library user's membership card in 1969 was delayed because of problems with one of the area boards. Many developments such as the use of automation, centralized book processing and a joint public relations operation have been delayed or shelved because of a lack of agreement between the two levels of service.

On the other hand good progress has been made in the organization of a variety of regional and neighbourhood branches. A regional director was appointed in 1968 and, largely at the instigation of the local library administrators, a very good co-operative film service was begun in 1968 as was a highly successful teletype and delivery vehicle network to facilitate the interchange of resources. The Metro level has been successful in publishing a number of bibliographies and directories such as the very useful Continuing Education Directory, in maintaining a union location file of books and in a mutually beneficial contact with the National Library and other institutions outside the Metro area.

Since 1970 a great expenditure of staff time and energy has been expended by the Metro Board on the successful planning and building of the new central library. Now that this project is well underway it is expected that there will be a switch in emphasis to the further development of regional services.

#### THE PUBLIC LIBRARY BOARDS

The seven library boards of Metro's public library systems are single purpose corporate bodies charged with the responsibility for developing policy, supervising expenditures, budgeting and securing funds, establishing regulations and maintaining a comprehensive and efficient library service in their municipalities.



### Powers and Duties

All public library boards are established under the latest revision of the *Public Libraries Act* and its regulations. The Metropolitan Toronto Library Board operates under and derives additional powers from an *Act to Amend the Municipality of Metropolitan Toronto Act* (Bill 81). These include the power to make grants in aid to any area board, to acquire and manage land and buildings and, under certain conditions, to assume and control land and buildings of any area board.

Under Part I of the *Public Libraries Act* the principal duty of the boards in the six area municipalities is very general. "Every board shall endeavour to provide in co-operation with other boards a comprehensive and efficient library service". In addition the boards are required to operate a main library and "may operate branch libraries, reading rooms, mobile units, deposit stations, art galleries, museums, and film and other special services in connection with a library that it considers necessary". Other duties and powers are related to board meetings, regular reports, insurance, committees, the making of rules, the imposing of fines, the preparation of estimates, financing debentures and general regulations.

Under Part III of the *Public Libraries Act* (Regional Library Service) the powers and duties of the Metropolitan Toronto Library Board may be summarized as follows:

To establish a collection of material to be used as a reference service for the region;

To promote inter-library lending within the region and throughout Ontario;

To co-ordinate services provided by other libraries in the region;

To establish and operate a central service for the selection, acquisition, processing, storing and disposal of library materials;

To provide a central advisory service for the purpose of improving library standards in the region; and

Other similar services.

Fees may be charged for supplying any library service.

### Appointments to Area Library Boards

Appointments to the boards of Scarborough, North York, Etobicoke, East York, York, and Toronto are made (under Part I of the *Public Libraries Act, 1972*) by the individual municipal councils (three members), by the local Board of Education (three members), by the local Roman Catholic Separate School Board (two members), and with the Mayor or his delegate as the ninth member. None of the appointed members may be members of the appointing bodies. All must be Canadian citizens, 18 years old or over and residents of the municipality for which the board is established.

Council and board of education appointees hold office for three years, the appointees of the separate school board for two years. Terms are staggered for continuity.

### Appointments to the Metro Library Board

Under Part VII-A (Regional Library Board) of *An Act to Amend the Municipality of Metropolitan Toronto Act (Bill 81)*, the Metropolitan Toronto Library Board is composed of one person appointed by the council of each area municipality who shall be a resident in the area municipality and who may be a member of the public library board, the Chairman of the Metropolitan Council or his delegate, one person appointed by the Metropolitan Toronto School Board who shall be a resident in the Metropolitan area and one person appointed by the Metropolitan Separate School Board who shall be a resident in the Metropolitan area.

The term of office for all nine members is three years.

### Officers and Board Committees

Each of the seven boards has a chairman, a vice-chairman, a secretary and/or a secretary-treasurer. The chief librarian or director is, in all municipalities except in the City of Toronto, the Secretary of the Board.

There are many different board committees. Some of the more common ones are: buildings, property, publicity, management, staff relations, and finance. The Toronto Public Library Board has eight board committees with citizen representatives on two of them; the East End Advisory and the Long Range Planning and Priorities Committees. In addition there are committees on Libraries and Finance; Book Selection Policy; Staff Relations; Buildings; Insurance; and a Task Force on Canadian Materials. Matters discussed in committee are referred to the board as a whole for a policy decision.

### An Analysis of Board Membership

An analysis of some characteristics of the seven boards was derived from a short questionnaire. Questions were asked about occupation, sex, age, education, attendance, total meetings held, and length of service of board members as of December 31, 1974. Unfortunately, the information from North York was incomplete for occupation, age, education, and length of service.

*Occupation:* Out of 54 members from the six boards reporting most, 10 were in business, and nine each were housewives and lawyers. Educators were next with seven each. There were six who listed themselves as retired members and the rest were of miscellaneous occupations such as nurse, writer, minister, and secretary. There were no "working class" members, no labourers, or skilled tradesmen.

*Sex:* 30 per cent of the membership of the seven boards reporting were women. Toronto had the highest proportion of women (five of nine) and the Metropolitan Board had no women members.

*Age:* The majority, 57.1 per cent of all members of the boards reporting were in the age bracket 30 to 50 years. Twenty-five per cent were aged 50 to 65, 16.1 over 65 and only 1.8 per cent from 18 to 30 years old.

*Education:* 58 per cent of the members of the boards reporting were university or college educated, 24 per cent had taken post-graduate training, 18 per cent completed secondary school, and none had only an elementary school education.

*Number of meetings held in 1974:* This ranged from 10 in York to 15 in East York. The median was 13 and the average was 12 for the boards reporting.

*Attendance:* Of the seven boards reporting, the North York members attended an average of 87.1 per cent of all board meetings held. Toronto had the second highest record with 83.9, Etobicoke 83.6, York 82, Metro 81.7, East York 79.3, and Scarborough 75.

There has been a large turn-over in the membership of the library boards in the last two or three years. Twenty-five members of the six boards reporting had served only one or two years up to the end of 1974. Overall the average number of years served is 5.4 ranging from 3.8 years in York to 7.1 years in East York. The average in Etobicoke was seven years, in Toronto 6.1, in Scarborough 4.2, and in Metro 4.



### Board Relationships

Each board is legally independent, therefore, relationships with each other are voluntary or contractual. In Metro there was at one time a strong trustees' organization which pushed for Metro-wide action. This body, the Toronto and District Library Trustees Council, was instrumental in commissioning a study of libraries in Metropolitan Toronto (the Shaw Report) which had a far reaching effect on the development of the Metro concept of library organization as well as influencing the upgrading of services, staff, and collections.

Gradually, after the formation of the Metro Library Board, the Trustees Council became inactive. For several years now the only group representative of all boards which has met regularly has been the administrators' committee. A number of staff committees have met on the behest of the administrators to solve practical problems of technique or service organization. Recently there has been a suggestion that a new inter-library group of board chairmen be formed to deal with Metro-wide problems of library service. (5)

The relationship of library boards to the local and Metro Councils is largely a financial one. Each year the process of submitting a budget for council review and final approval is the most important contact with the political process. Other contacts concern capital financing, property matters, approval for major projects and informal meetings with various council committees. The administrators, of course, have a variety of regular and informal relationships with various civic employees such as planners, treasurers, clerks and property commissioners.

On the provincial level library board contacts are very infrequent. Annual reports are submitted to the Provincial Library Service, a Branch within the Ministry of Culture and Recreation responsible for the supervision of the *Public Libraries Act*. The grant structure and development plans are consolidated by region and submitted by the Metro Board to the Ontario Provincial Library Council, an advisory body to the Minister of Culture and Recreation. One of the members of the Metro Board sits on the O.P.L.C. as the representative from the Metro region.

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- (5) Urwick, Currie & Partners Ltd. *Metropolitan Toronto Library Board*; a study of the organization arrangements and of the classification system for the professional and administrative staff, 1974.



Outside of correspondence, perhaps the occasional participation in a delegation or a provincially sponsored seminar or a telephone call to the Provincial Library Service office, the relationships between the area boards and the provincial authority are infrequent.

## FINANCING

### Provincial Grants

A conditional per capita grant is paid each year by the province directly to each area library board. In 1973 the per capita grant amounted to \$1.35 (see Table 5-03). This amount was raised last year to \$1.50. Provincial assistance to the Metro board is on a slightly different basic per capita grant plus an additional amount per square mile. This figure now is set at 45 cents per capita plus \$3.00 per square mile. Total provincial support for the Metro public library system amounted to \$3,620,442 in 1973.

In addition special grants are given to regional library systems from year to year in support of provincial programs. In 1974 \$18,480 was allotted to Metro to assist in the development of library service to the francophone population and \$12,300 to assist in the production of talking books for the handicapped. Metro has so far not been eligible for grants given to the other regional systems under the Outreach Ontario and Experience 74 programs. There are no provincial grants for capital expenditures. All capital funds needed are raised by the municipalities. The debenture debt is usually carried by the local library board in its annual budget.

### Municipal Appropriations

The major share of library funding comes from the municipal tax levy. In Metro in 1973, 82 per cent of expenditures was raised by municipal taxes. This varies from one municipality to another according to ability of the municipality to pay, the priorities of the council and the budget needs of the library board. As one can see from Table 5-02 the per capita expenditure by the area boards varies from a high of \$10.3 in North York to a low of \$6.14 in York. The Metro figure cannot be compared to the other boards because of its responsibilities to the entire population of Metro. Table 5-03 gives an indication of the disparity of

local support among the boards in the Metro region contrasted with the ability of each municipality to raise taxes. Toronto which is tops in assessment per capita is at the bottom in local library spending per capita.

#### Patterns of Income and Expenditures

There has been a significant increase in the provincial library grant both in total dollars and as a percentage of total income. For the province as a whole, the grant has risen 40 per cent, but in Metro, there has been a more significant increase of 57 per cent, from \$1,531,710 in 1969 to \$3,620,442 in 1973. In 1969 local support in Metro amounted to 88.8 per cent of total library expenditures. Between 1969 and 1973, library budgets have increased approximately 60 per cent, but the amount charged against the local property tax dropped to 82.3 per cent in 1973.

During this period there was an increase in the share of budgets devoted to personnel costs and a decrease in the relative amounts spent on acquiring library materials. In addition more funds were allotted to community programming and specialized services. However, the overall per capita expenditure for the region with a few fluctuations has shown a steadily rising trend from \$7.25 to \$10.93.

#### SUMMARY OF TRENDS AND PROBLEMS

The directors of the area library boards and the director of the Metro board were interviewed and asked to identify trends and problems in their own operations as well as in the regional library system.

Although all the area directors praised certain Metro library board services such as the audio-visual back-up collections and services, the inter-library lending system and bibliographic services, there was generally criticism on the emphasis placed on the running of the central library rather than on the co-ordination and development of regional library service which would benefit everyone in Metro. The Metro board has the power to give grants-in-aid to the area boards and to the development of any worthwhile library project or service. The area directors feel that this power is not exercised as it might be to assist in the solving of local problems. The planning and operation of a federation of libraries with an emphasis on communication and joint decisions has not yet been achieved in Metro and this is seen as one of the major weaknesses of the Metro boards and the Metropolitan Toronto regional library system.

On the other hand the director of the Metro board feels that a strong well-organized central collection must exist before an efficient two-tier network of public libraries can function. Now that the new central library is under construction, more emphasis will be placed on hiring staff with region-wide responsibilities. The differentiation of the regional co-ordination role from the operational role of the Metro board has not been made clear enough in the past, say the area directors, to give all seven boards a feeling that they are participating in the mutual development of library and information services on a regional scale. The reaction to this state of affairs in the past has been a tendency of the City and Borough library systems to operate independently.

Some of the principal trends in library service and organization in Metro are: the greater participation of citizens and their representatives in library affairs, a greater use of facilities by students and the general public creating severe shortages of space and overcrowding, a trend toward the provision of equal service to all parts of each municipality rather than just to the English-speaking middle-class neighborhoods, increasing awareness of the objectives of public libraries by the politicians and an increase in group participation in library community programing.

There has also been a marked increase in the unionization of professional, clerical and maintenance staffs in libraries. The Metro Board now negotiates with four different union groups, and salaries for all library personnel have been increasing over the past few years.

As already outlined, provincial grants to public libraries have increased significantly, as have local library expenditures resulting in increased collections and services provided by public libraries.

TABLE 5-01

## PUBLIC LIBRARY MATERIALS AND USE - METROPOLITAN TORONTO 1973

1	2	3	4	5	6	7	8	9	10	11
Municipality	Population	Vols. Added	Per Cap.	Vols. Held	Per Cap.	Items Held	Lent	Borrowed	Circulation All Items	Per Cap.
East York	105,340	11,574	.11	179,375	1.7	7,948	1,192	591	697,187	6.6
Etobicoke	286,106	63,104	.22	559,381	2.0	21,934	2,949	3,325	2,230,985	7.9
North York	527,564	124,817	.24	958,545	1.8	69,534	2,721	1,530	4,331,351	8.2
Scarborough	362,005	53,511	.15	422,833	1.2	20,801	1,200	2,202	2,505,396	7.2
Toronto	676,363	125,338	.19	877,220	1.3	14,295	182	176	3,937,367	5.8
York	142,297	24,728	.17	269,307	1.9	3,189	1,380	3,715	511,631	3.6
Metropolitan	2,099,675	52,239	.03	703,376	.3	92,294	742	668	347,878	0.2
	2,099,675	455,311	.22	3,970,037	1.9	129,995	10,366	12,207	14,561,795	7.0

Source: Adapted from Public Library Statistics, 1973. Ontario Ministry of Colleges and Universities.



TABLE 5-02

## COMPARISON OF PUBLIC LIBRARY EXPENDITURES

ON PERSONNEL AND MATERIALS 1973.

<i>Municipality</i>	<i>Population</i>	<i>Total Public Library Expenditure</i>	<i>\$ Per Capita</i>	<i>Personnel Cost as % of Total</i>	<i>Library Materials as % of Total</i>
East York	105,340	\$ 704,000	\$ 6.68	52	18
Etobicoke	286,106	2,751,000	9.62	63	17
North York	527,564	5,452,000	10.33	57	17
Scarborough	362,005	3,011,000	8.32	67	11
Toronto	676,363	5,672,000	8.39	65	12
York	142,297	874,000	6.14	63	18
Metropolitan	2,099,675	4,497,000	2.14	62	14
All Municipalities		\$22,961,000	\$10.93	62	11

Source: Adapted from Jarrett, Goold & Elliott, *op cit.*  
and Public Library Statistics, 1973, Ontario Ministry of Colleges and Universities

TABLE 5-03

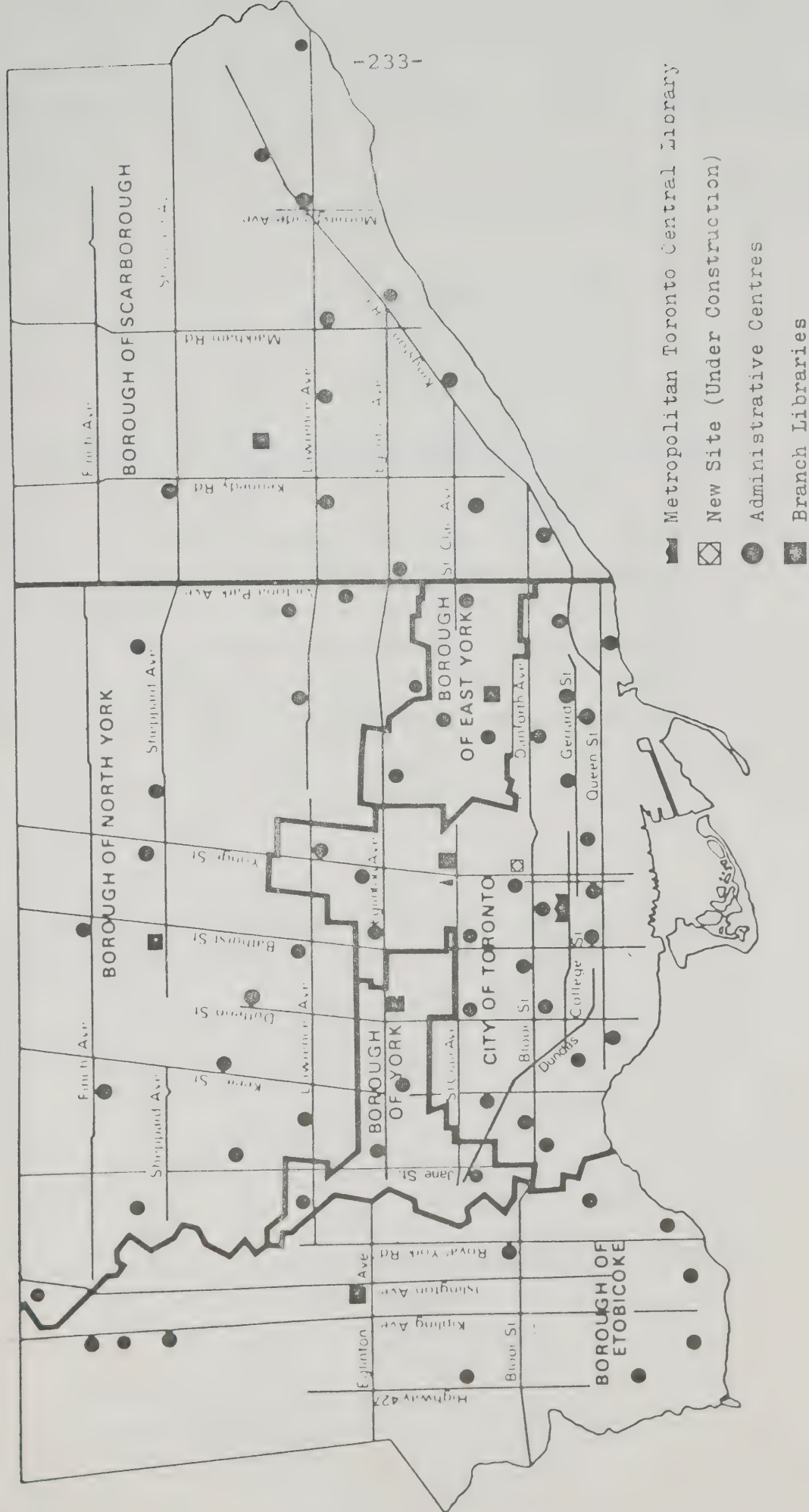
## MUNICIPAL ASSESSMENT AND PUBLIC LIBRARY FINANCE, 1973

<i>Municipality</i>	<i>Taxable Assessment</i>	<i>Ranking Ass't Per Capita</i>	<i>Local Support for Libraries</i>	<i>Ranking Local Support</i>	<i>Provincial Grant</i>
East York	\$ 266,290,000	5	\$ 601,000	4	\$138,653
Etobicoke	935,871,000	2	2,348,000	3	378,975
North York	1,453,493,000	4	4,775,000	1	695,003
Scarborough	743,373,000	6	2,467,000	2	439,197
Toronto	2,354,064,000	1	4,477,000	7	918,431
York	297,043,000	7	696,000	5	192,100
Metropolitan	6,050,134,000	3	3,519,000	6	859,083

-232-

Source: Jarrett, Goold & Elliott, *op cit.*

FIGURE 5-01 PUBLIC LIBRARIES OF METROPOLITAN TORONTO



APPENDIX A

CATCHMENT AREAS OF METROPOLITAN TORONTO HOSPITALS

Destination upon discharge of active treatment hospital patients according to area municipality, expressed as a per cent of total patients discharged. The numbers are rounded off so totals do not always equal 100 per cent.

Source: Adapted from information provided by the Ontario Ministry of Health.

X Marks the general location of each hospital



CATCHMENT\* AREAS OF ACTIVE TREATMENT HOSPITALS IN THE METROPOLITAN REGION

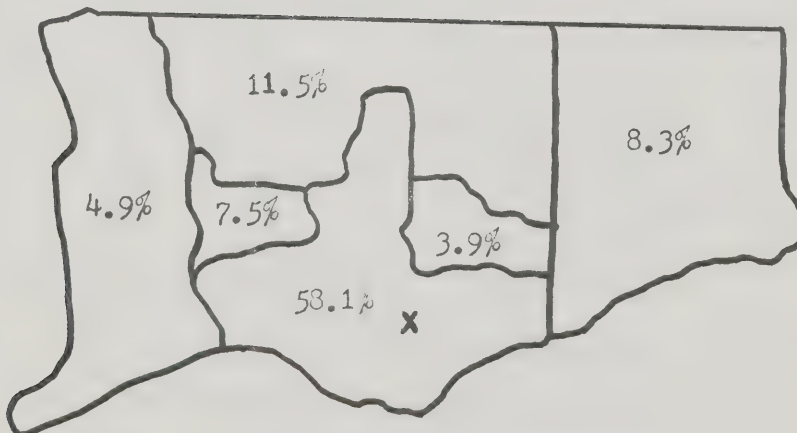
\* Catchment Area = Place of Residence of Adults and Children  
Separated from the Hospital ( Cases - 1973 Statistics )



MAP CODE - (1) ETOBICOKE BOROUGH  
(2) YORK BOROUGH  
(3) NORTH YORK BOROUGH  
(4) CITY OF TORONTO  
(5) EAST YORK BOROUGH  
(6) SCARBOROUGH

\*\*\*\*\*

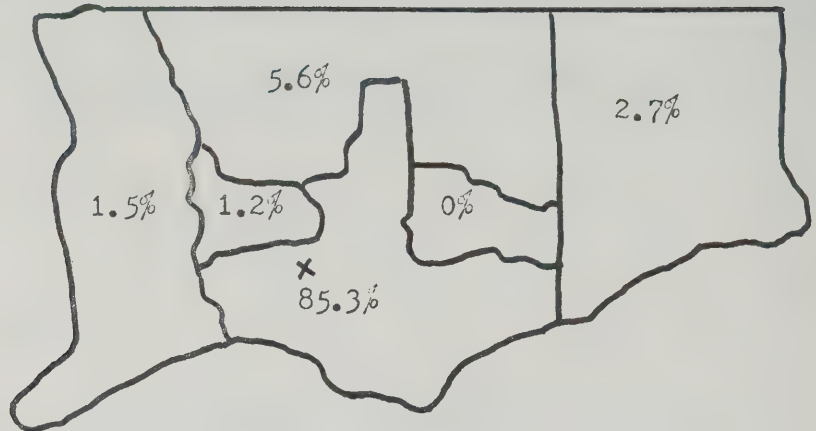
CENTRAL HOSPITAL



Peel Region - 2%

Elsewhere Ontario - 3.6%

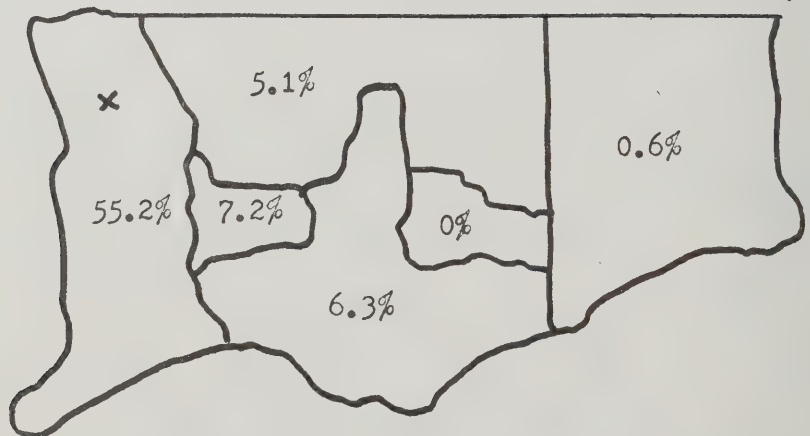
THE DOCTOR'S HOSPITAL



Peel Region - 1.6%

Elsewhere Ontario - 2.1%

ETOBICOKE GENERAL HOSPITAL



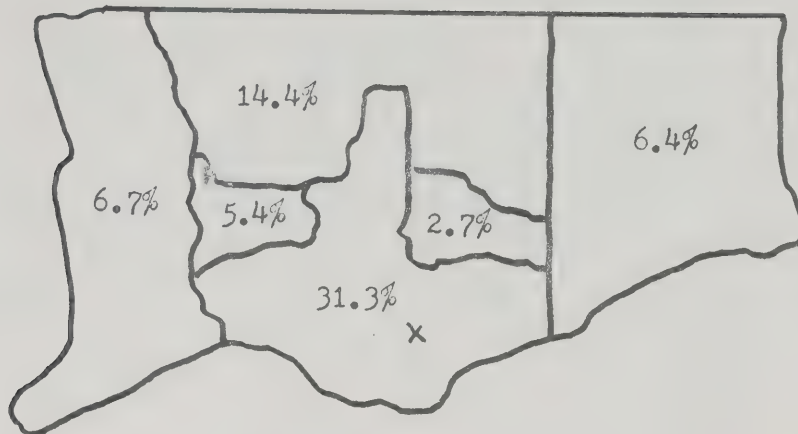
Peel Region - 19.5% (especially Mississauga @ 16.4%)

York Region - 1.5%

Elsewhere Ontario - 2.9%

Outside Ontario - 1.3%

THE HOSPITAL FOR SICK CHILDREN



Peel Region - 5.6%

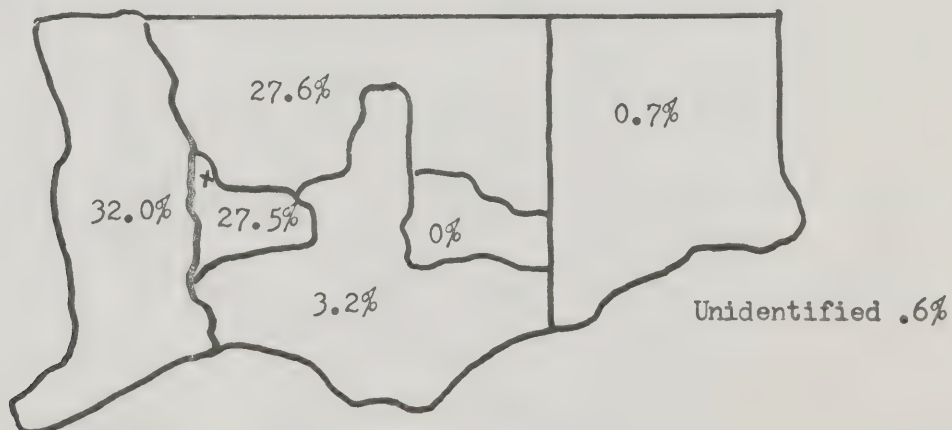
York Region - 2.4%

Durham Region - 3.2%

Elsewhere Ontario - 20.7%

Outside Ontario - 1.2%

HUMBER MEMORIAL HOSPITAL



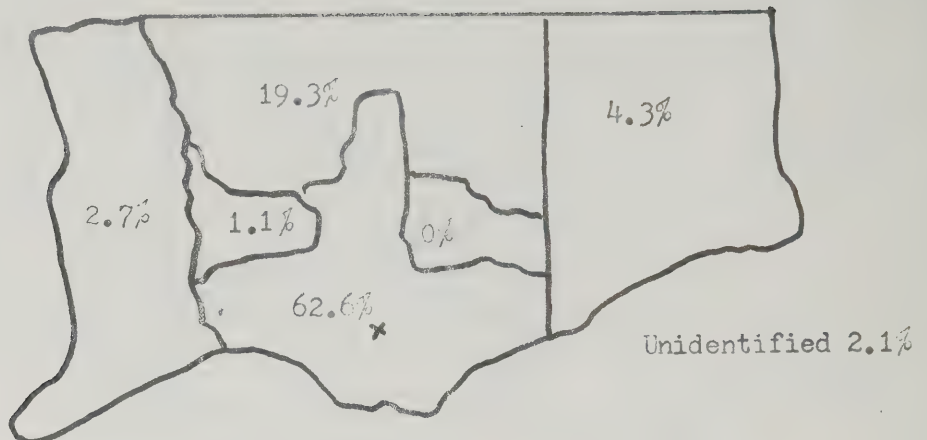
Peel Region - 4.8%

York Region - 1.3%

Elsewhere Ontario - 2.0%

Outside Ontario - 0.3%

NEW MOUNT SINAI HOSPITAL



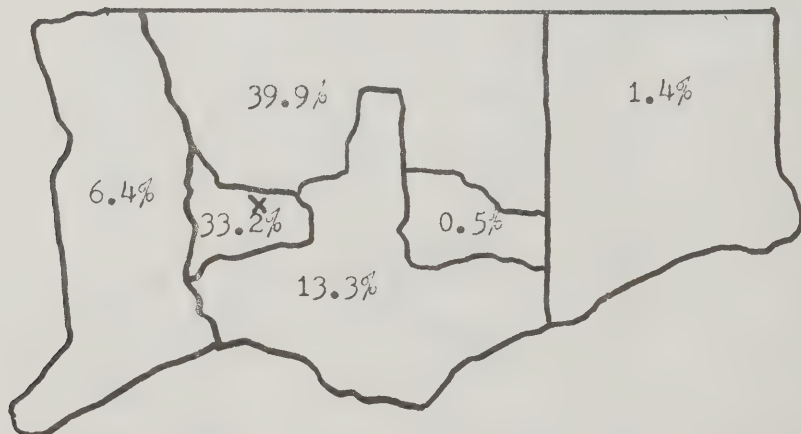
Peel Region - 2.6%

York Region - 1.7%

Elsewhere Ontario - 3.3%

Outside Ontario - 0.3%

NORTHWESTERN GENERAL HOSPITAL



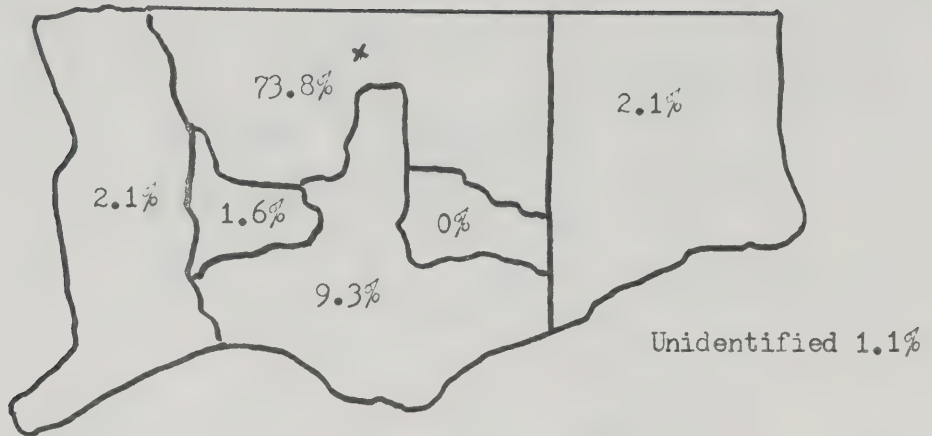
Peel Region - 2.7%

York Region - 1.1%

Elsewhere Ontario - 1.4%



NORTH YORK BRANSON HOSPITAL



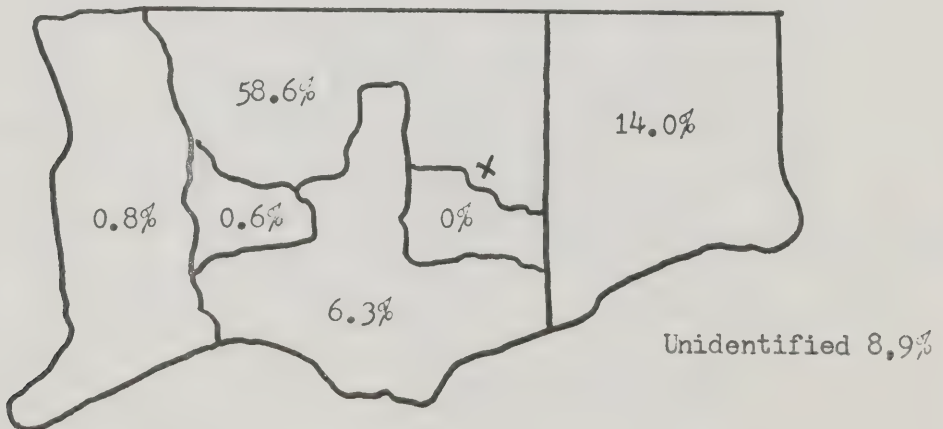
Peel Region - 1.2%

York Region - 6.0%

Elsewhere Ontario - 2.4%

Outside Ontario - 0.4%

NORTH YORK GENERAL HOSPITAL



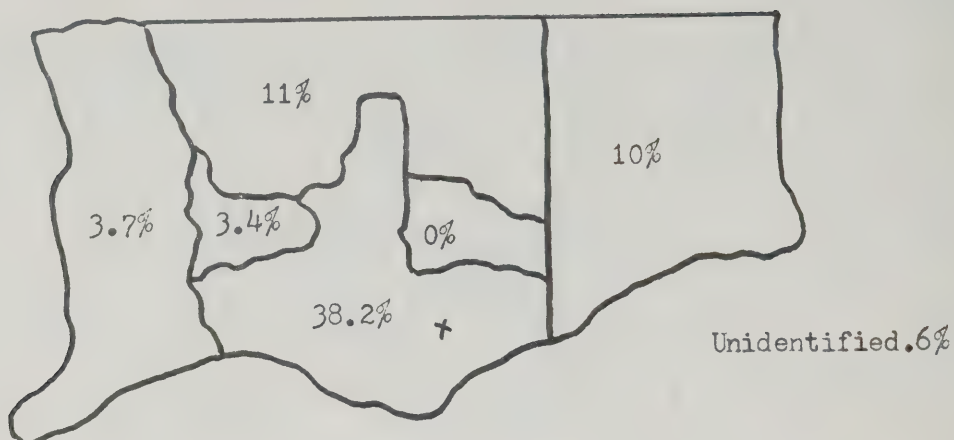
Peel Region - 1.0%

York Region - 5.5%

Elsewhere Ontario - 3.8%

Outside Ontario - 0.5%

THE ORTHOPAEDIC AND ARTHRITIC HOSPITAL



Peel Region - 4.2%

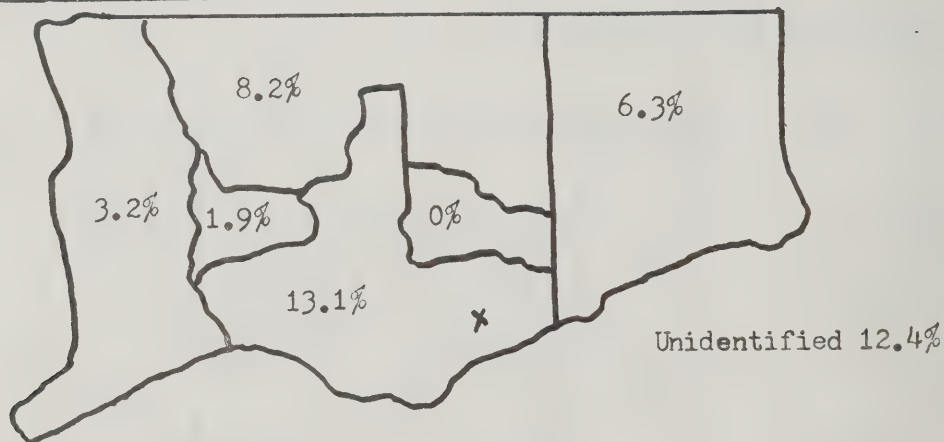
Durham Region - 5.1%

York Region - 3.1%

Elsewhere Ontario - 20.4%

Outside Ontario - 0.3%

PRINCESS MARGARET HOSPITAL



Peel Region - 5.2%

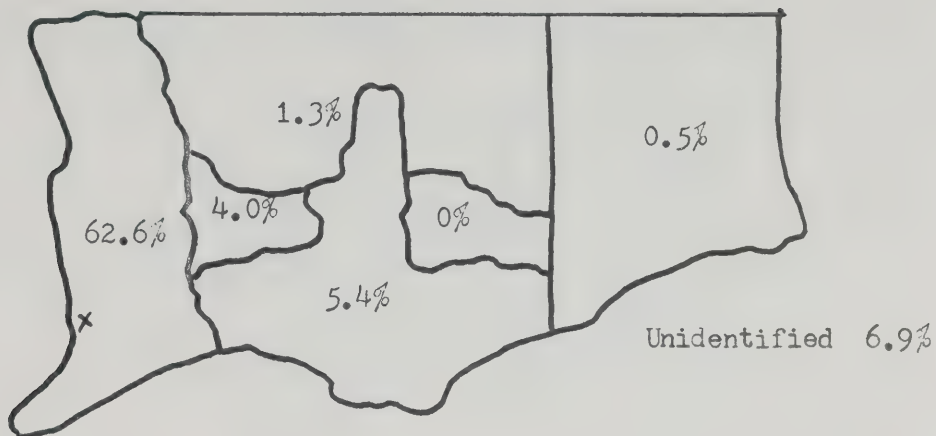
York Region - 3.1%

Durham Region - 5.7%

Elsewhere Ontario - 40.1%

Outside Ontario - 0.8%

QUEENSWAY GENERAL HOSPITAL

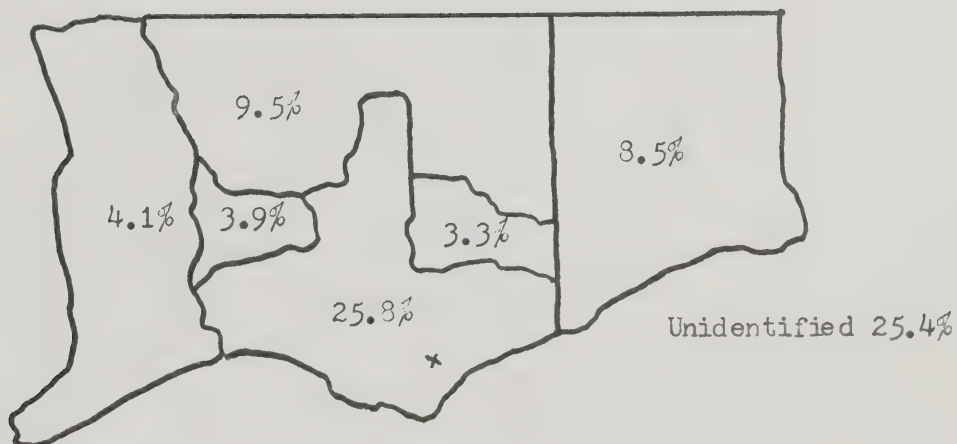


Peel Region - 15.8%

Elsewhere Ontario - 3.2%

Outside Ontario - 0.3%

ST. MICHAEL'S HOSPITAL



Peel Region - 2.4%

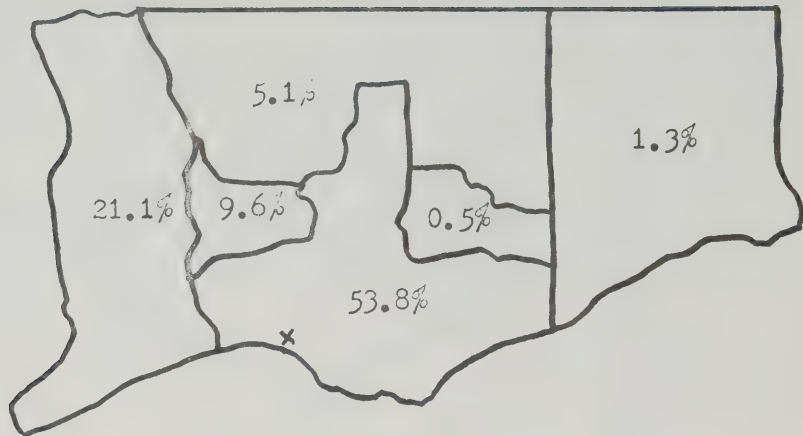
York Region - 1.8%

Durham Region - 1.6%

Elsewhere Ontario - 12.7%

Outside Ontario - 1.0%

ST. JOSEPH'S HOSPITAL

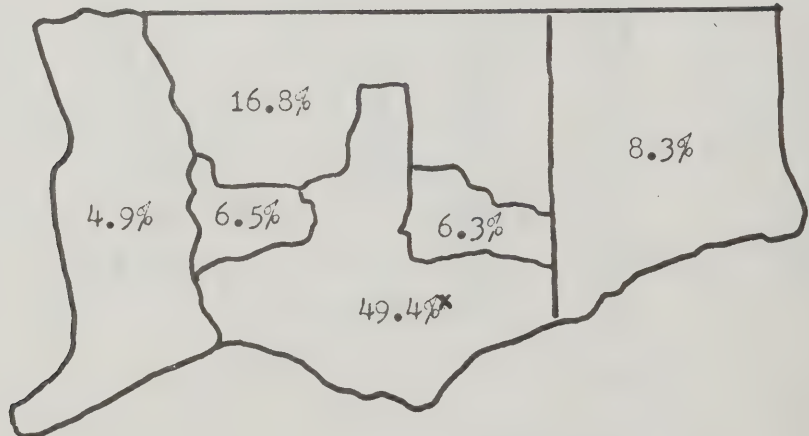


Peel Region - 4.4%

Elsewhere Ontario - 3.9%

Outside Ontario - 0.3%

SALVATION ARMY GRACE HOSPITAL



Peel Region - 3.0%

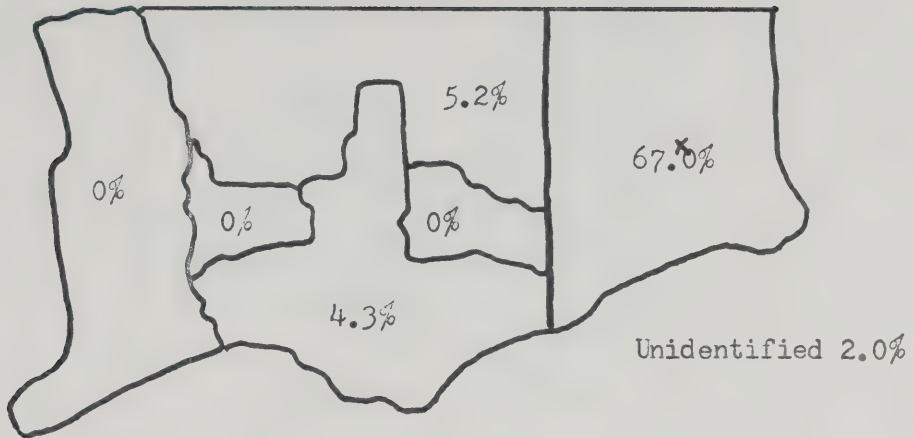
York Region - 1.9%

Elsewhere Ontario - 2.6%

Outside Ontario - 0.2%



SCARBOROUGH CENTENARY HOSPITAL



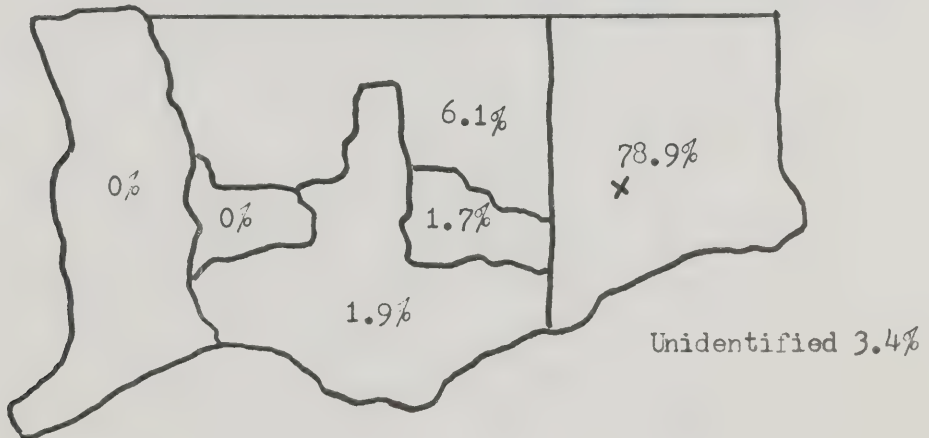
York Region - 10%

Durham Region - 7.3%

Elsewhere Ontario - 3.6%

Outside Ontario - 0.3%

SCARBOROUGH GENERAL HOSPITAL



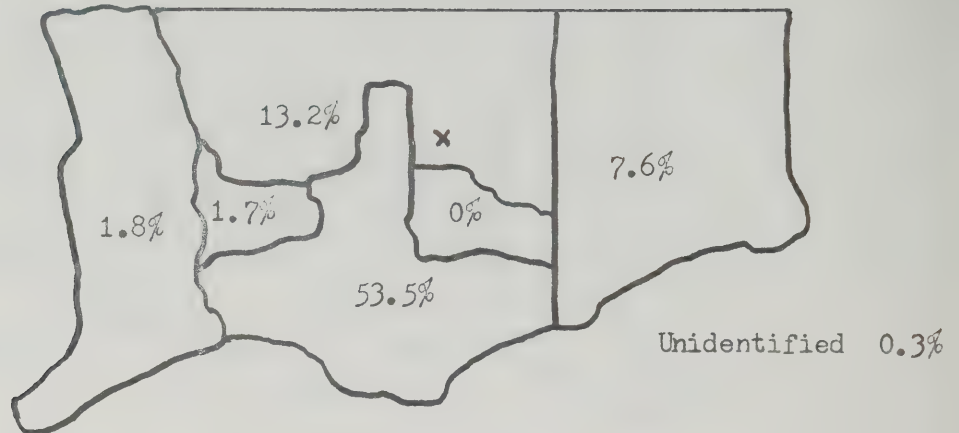
York Region - 3.1%

Durham Region - 2.1%

Elsewhere Ontario - 2.3%

Outside Ontario - 0.5%

SUNNYSIDE HOSPITAL



Peel Region - 1.2%

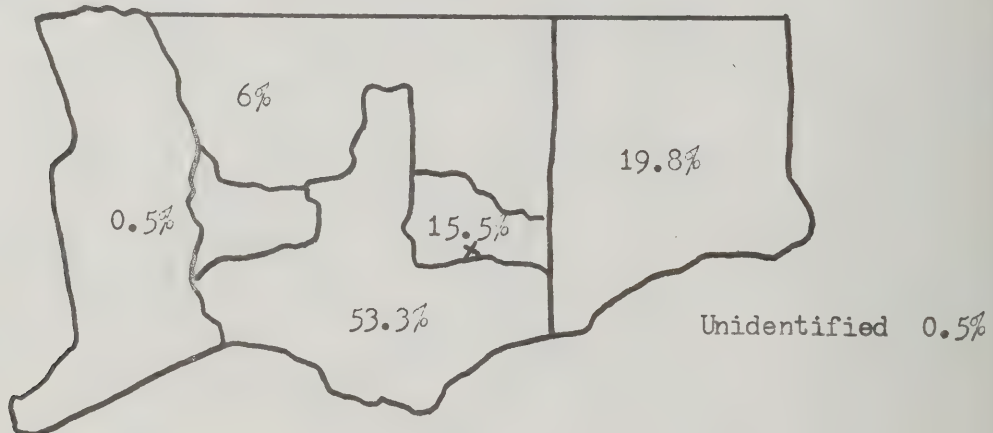
York Region - 4.5%

Durham Region - 2.1%

Elsewhere Ontario - 13.5%

Outside Ontario - 0.6%

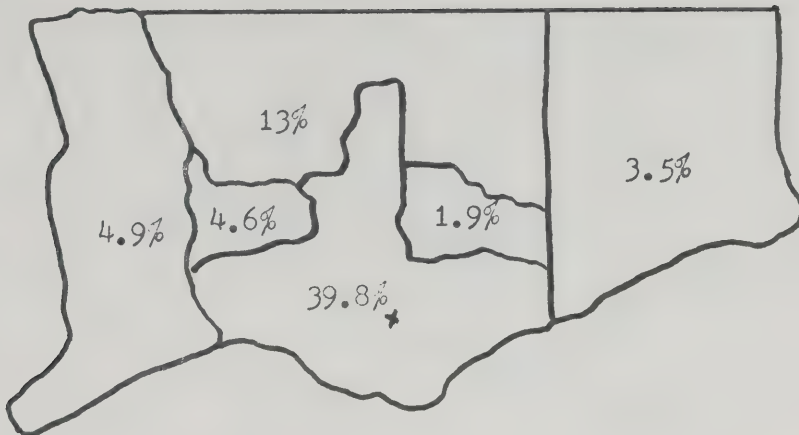
TORONTO EAST GENERAL AND ORTHOPAEDIC HOSPITAL



Elsewhere Ontario - 4.1%

Outside Ontario - 0.3%

TORONTO GENERAL HOSPITAL



Peel Region - 4%

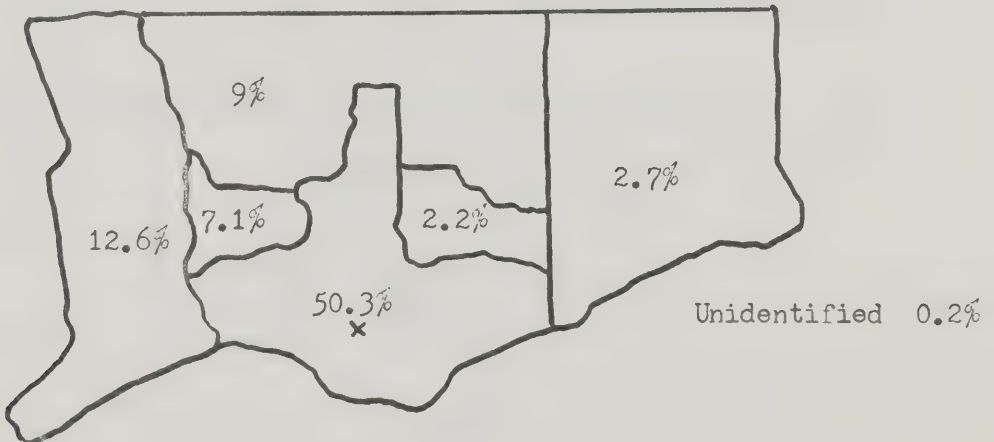
York Region - 2%

Durham Region - 3.6%

Elsewhere Ontario - 21.3%

Outside Ontario - 1.3%

TORONTO WESTERN HOSPITAL



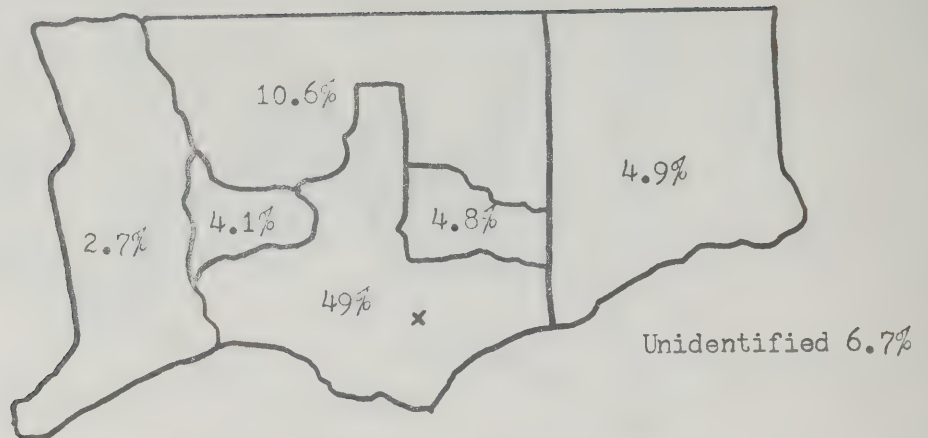
Peel Region - 4.0%

York Region - 1.3%

Elsewhere Ontario - 10.1%

Outside Ontario - 0.5%

THE WELLESLEY HOSPITAL



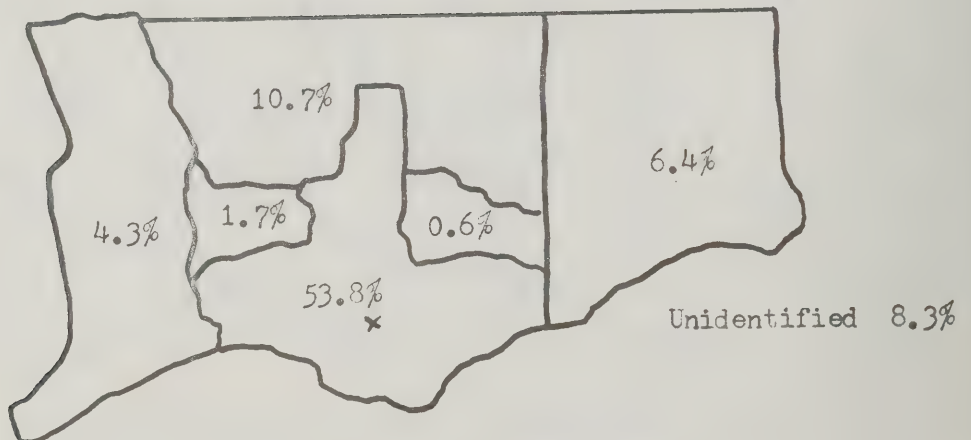
Peel Region - 2.5%

York Region - 2.8%

Elsewhere Ontario - 11.3%

Outside Ontario - 0.6%

WOMEN'S COLLEGE HOSPITAL



Peel Region - 2.6%

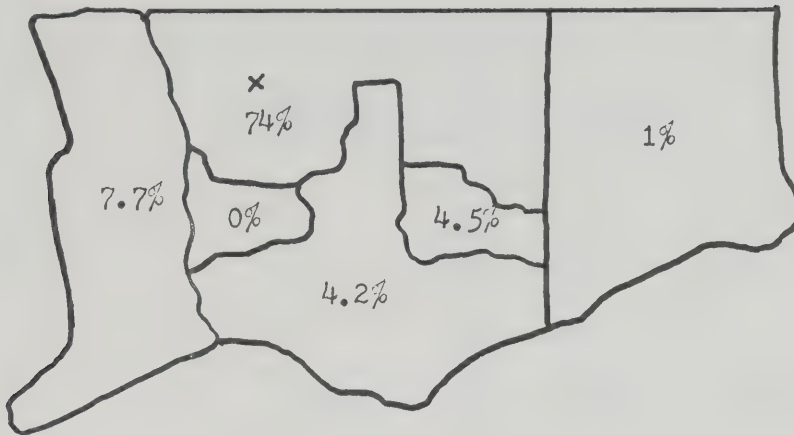
York Region - 1.9%

Elsewhere Ontario - 9.2%

Outside Ontario - 0.5%



YORK - FINCH GENERAL HOSPITAL



Peel Region - 3.1%

York Region - 2.6%

Elsewhere Ontario - 2.5%

Outside Ontario - 0.3%

Appendix B

Recreation Facilities in  
Metropolitan Toronto

- i Swimming Pool Facilities
- ii Tennis Facilities
- iii Baseball & Softball Facilities
- iv Track & Field Facilities
  - indoor
  - outdoor

Source: Reports submitted to Metro Parks & Recreation Committee  
for consideration during 1974.

\* Note that although figures are 1974 they are not a reliable  
picture of 1975 total because of new construction or original  
inaccuracies in places.

METRO TORONTO: SWIMMING POOL FACILITIES AND USE

TABLE B-1

Municipality	East York	Etobicoke	North York	Scarborough	York	Toronto	Total
Total Pools	7	14	26	16	8	63	134
Park Pools	5	14	12	9	3	22	65
School Pools	2	0	14	7	5	41	69
Industrial and Learn- to-Swim Programmes	2,000	4,000	15,000	15,000	4,400	18,600	60,000
(no. of participants)	3,500	5,000	15,000	8,000	1,500	14,000	43,000
C.A.S.A. Affiliates Clubs	1	3	2	2	0	4	13
Using Pools (1)							
University and School Clubs using Pools	0	0	16	15	5	43	79
(1) Canadian Amateur Swimming Association							

TABLE B-11

METRO TORONTO: TENNIS COURT FACILITIES

Municipality	Toronto	Scarborough	East York	North York	York	Etobicoke	Metro Parks Total
Public Locations (1)	4	0	0	19	0	32	1
Public Courts	18	0	0	56	0	88	6
Community Club Locations (2)	23	12	6	28	4	5	1
Community Club Courts	106	40	25	93	15	15	4
Total Park Locations	24	12	6	47	4	37	2
Total Parks Courts	124	40	25	149	15	103	10
School Locations (3)	7	3	0	2	4	1	0
School Courts	18	7	0	5	6	2	0

(1) "Pay-as-you-Play" Facilities

(2) Includes group permits

(3) Includes only public & secondary schools - not universities

(there are 16 private tennis clubs in Metro Toronto)



## TABLE B-111

[illegible]

Total Base-									
ball Facilities									
Parks	5	11	5	20	3	17	0	0	61
Schools	5	11	5	20	3 (1)	17	0	0	61
Total Soft-									
ball Facilities									
Parks	36	125	363	349	57	194	200	3	1327
Schools	12	25	73	49	17 (2)	54	0	3	233
Total Soccer									
Fields	4	39	99	43	8	54			247
Parks	4	10	49	22	4	39			128
Schools	0	29	50	21	4	15			119
Total Field									
Hockey	0	2	8	1	0	9		3	23
Parks	0	1	3	0	0	1		3	8
Schools	0	1	5	1	0	8		0	15
Total Rugby									
Fields	3	19	21	21	2	21	6	2	95
Parks	0	0	0	0	0	6	0	2	8
Schools	3	19	21	21	2	15	6	0	87

(1) one facility under construction  
(2) one facility under construction

TABLE B-IV

## METRO TORONTO: TRACK AND FIELD FACILITIES

[illegible]



**Background Studies Prepared for  
THE ROYAL COMMISSION  
ON METROPOLITAN TORONTO**

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- **The Organization of Local Government  
in Metropolitan Toronto**
- **A Financial Profile of Metropolitan Toronto  
and its Constituent Municipalities, 1967 - 1973**
- **The Planning Process in Metropolitan Toronto**
- **The Electoral System for Metropolitan Toronto**
- **Demographic Trends in Metropolitan Toronto**
- **The Provision and Conservation of Housing  
in Metropolitan Toronto**
- **Transportation Organization in Metropolitan Toronto**
- **Physical Services, Environmental Protection  
and Energy Supply in Metropolitan Toronto**
- **Public Safety in Metropolitan Toronto**
- **Social Policy in Metropolitan Toronto**

*Copies of any of the above reports  
may be obtained by writing:*

**The Royal Commission on Metropolitan Toronto  
145 Queen Street West, Suite 309  
Toronto, Ontario  
M5H 2N9**



